

Please use this form to submit your appeal. If you are completing this form electronically, please use the latest version of Adobe Reader or Acrobat.

For office use only
 NYCT MAB MTB BTA SIR

EDUCATION AND EXPERIENCE APPEAL FORM
 Do not write your name anywhere on this form.
 If you are completing this form by hand, please print all information in black or blue ink.

Social Security Number _____ Applicant ID Number _____
 Exam Title _____ Exam Number _____

SECTION 1 – EMPLOYMENT

You must include all of your relevant work experience in order to receive the appropriate rating.

I am appealing my disqualification for not indicating that I possess the minimum employment qualification requirements.

Qualifying Employment: Job Title: _____ Name of Employer: _____

Address of Employer: _____

Nature of Employer's Business: _____ Number of Hours Worked per Week: _____

Dates of Employment - From: ____ / ____ / ____ To: ____ / ____ / ____ Total Time: ____ / ____ / ____ Presently Employed
Month Year Month Year Year(s) Month(s)

Qualifying Experience

Describe each of your duties separately with percentages (Required for Rating).	% Time
Total Time Spent Performing These Duties =	100%

If you need more space, attach additional Education and Experience Appeal Forms. Be sure to include your social security number, the exam title and number on each attached sheet.

Please use this form to submit your appeal.

SECTION 2 – FOREIGN EDUCATION

- I am appealing my disqualification for not having an evaluation of my foreign education submitted. I am having an evaluation of my foreign education submitted directly to MTA New York City Transit's Examinations Unit by an approved evaluation service.

SECTION 3 - EDUCATION

You must include all of your relevant education in order to receive the appropriate rating.

- I am appealing my disqualification for not possessing the required credits, hours, diploma or degree.

The diploma or degree that I possess that I need to qualify is (only check one box):

- GED High School Vocational High School Trade School
- Associates Degree Bachelor's Degree Master's Degree
- I do not have a diploma or degree

Dates of attendance: From / / To / / Date of Graduation: / /
Month Year Month Year Month Year

Name of Educational Institution: _____ USA Foreign

Address of Institution: _____

Section 3A: Vocational High School/Trade School Specialty _____

Number of hours you completed in specialty: _____

Section 3B: College/University Major _____

Number of Credits Completed in Major: _____ Total Number of Credits Completed: _____

Title of Degree: _____

SECTION 4 – ERROR IN EVALUATION

If you believe that we have made a mistake in the way we evaluated the information you provided to us, you should use the box below to notify us of our mistake.

If you need more space, attach additional Education and Experience Appeal Forms. Be sure to include your social security number, the exam title and number on each attached sheet.