

Testing Center Staff Change

Fax to: 609-771-7710

InformationDate: / /
mm dd yyyyHiSET Use Only - Date Received: / /
mm dd yyyyI recommend that Mrs. Ms. Mr. Dr.

Last Name: _____

First Name: _____

Be authorized to serve as (check one): Chief Examiner Supervisorat the following Testing Center-
Center ID Number(s): _____

Center Name: _____

Address: _____

City: _____

State/Province/Territory: _____

Zip/Postal Code: _____

Email: _____

Phone Number: () - FAX Number: () -

Reason for Request

- The candidate is replacing: _____
- The candidate is an addition to current staff.

The test center hours and/or dates will need to be modified when this staffing change is effective.

- Yes
- No

The candidate meets or exceeds the qualifications necessary to perform the duties and meets jurisdictional requirements.

- Yes
- No

 Training of the new staff member has been completed. Training Date: / /
mm dd yyyy

Name of Trainer: _____ Title: _____

 Training of the new staff member has been scheduled. Scheduled Training Date: / /
mm dd yyyy

Name of Trainer: _____ Title: _____

HiSET Administrator_____
Signature of HiSET Administrator_____
Jurisdiction