# Testing Center Staff Change

Fax to: 609-771-7710

## Information

<table>
<thead>
<tr>
<th>Date:</th>
<th>/   /   yyyy</th>
<th>HiSET Use Only - Date Received:</th>
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- I recommend that  
  - Mrs.  
  - Ms.  
  - Mr.  
  - Dr.

- Last Name:  
  - First Name:  

- Be authorized to serve as (check one):  
  - Chief Examiner  
  - Supervisor  

- at 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:   /   /   yyyy

- Name of Trainer:  
  - Title:  

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

- Name of Trainer:  
  - Title:  

## HiSET Administrator

- Signature of HiSET Administrator  
  - Jurisdiction