Print Reset

Office of the Secretary of State
Department of Personnel

Referral System Change Request

1. **Change(s) requested below will be made to your examination records only.** Completion of this form will not result in changes to an employee's records for payroll, benefits, retirement, deferred compensation, etc.

2. Changes related to **grades** or **county/zone preference** will only affect current examination records for the titles indicated below. **You must specifically list each title for which you want the change(s) to apply** (attach additional sheets if necessary).

_____

3. Desired change(s) (check all that apply):

	CHANGE TO:
Name:	
Address:	
Social Security Number:	– –
Primary Telephone Number:	( ) –
Secondary Telephone Number:	( ) –
County/Zone Preference:	

Grade Related:

☐ Add Intermittent/Temporary Title(s) _____
List Titles

☐ Remove Intermittent/Temporary Title(s) _____
List Titles

☐ Remove Grade(s) from System _____
List Titles

4. **You must sign and date this form to authorize an update of your records.**

_____ _____
Name (please print) Social Security Number

_____ _____
Signature Date

Submit completed request form to:

Office of the Secretary of State
Department of Personnel
Rm. 196 Howlett Bldg.
Springfield, IL 62756
217-782-4783

Office of the Secretary of State
Department of Personnel
17 N. State St., Ste. 1276
Chicago, IL 60602
312-793-5515

Printed by authority of the State of Illinois. May 2009 — 1 — Per D 188