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. 1300
Chicago, IL 60602
312-793-5515

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