



AGENCY PERSONNEL CHANGE REQUEST

355 Smoke Tree Business Park, North Aurora, Illinois 60542
Office: (630) 896-8860 • Fax: (630) 229-0206

Agency: _____

Name of Individual being modified: _____

Last Four Digits of SSN: _____ E-Mail Address: _____
(Verification purpose only)

- | | |
|---|---|
| Past Title: | New Title: |
| <input type="checkbox"/> Chief | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Sheriff | <input type="checkbox"/> Sheriff |
| <input type="checkbox"/> Director | <input type="checkbox"/> Director |
| <input type="checkbox"/> Training Officer | <input type="checkbox"/> Training Officer |
| <input type="checkbox"/> Patrol Officer | <input type="checkbox"/> Patrol Officer |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Please specify other: _____ Please specify other: _____

Replacing: _____

- The replaced individual is:
- Retired
 - No longer with the department
 - With department (Still needs on-line access) Title: _____
 - With department (Remove on-line access) Title: _____

Please allow the following individual(s) on-line access rights.

Last Four Digits of SSN: (Verification purpose only)	Individuals Name:
_____	_____
_____	_____

Add	Remove	The following individuals from/to our department.	Last Four Digits of SSN:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Chief or Training Officer Signature

(Please Print Signature) Today's Date: _____