CS-1705
Rev 7/2009

Michigan Civil Service Commission
Office of Classifications, Selections, and Compensation

Employee History File Correction Request

Instructions: Complete form, **attach documentation**, and send to:

Or, Fax to (517) 241-8813
Please refer any questions to (517) 373-1818

Civil Service Commission
Office of Classifications, Selections, and Compensation
Capitol Commons Center — Third Floor
400 South Pine Street, P.O. Box 30002
Lansing, MI 48909

DEPARTMENT	**CONTACT PERSON**
COMPLETE MAILING OR ID MAIL ADDRESS	**PHONE NUMBER**
APPOINTING AUTHORITY'S OR DESIGNEE'S SIGNATURE	**DATE**

EMPLOYEE'S NAME	**SOCIAL SECURITY NUMBER**	**EMPLOYEE NUMBER**

(For multiple corrections of the same type, attach a separate sheet listing the employees' names, social security numbers, and employee numbers.)

REASON FOR CHANGE AND REQUESTED SOLUTION (Attach required documentation; e.g., ZH104 from HRMN, employment list or applicant pool requisition, grievance decision, etc.):

DO NOT WRITE BELOW THIS LINE (For Civil Service Use Only)

[ ] The changes requested have been completed. Please verify the accuracy of the changes made.

[ ] Your request is being returned for additional information. Please provide: _____

[ ] Other: _____

Prepared by: _____ Phone No. _____ Date: _____