

Employee History File Correction Request

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

Or, Fax to (517) 241-8815
Please refer any questions to (517) 241-8165

Civil Service Commission
Office of Classifications, Selections, and Compensation
Capitol Commons Center — Second 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	
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(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: _____