

HUMAN RESOURCES DIVISION/CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare one copy for the Human Resources Division and Member's Unit Commander.

NAME (LAST)	(FIRST)	(M.I.)	STAR NO.	EMPLOYEE NO.	UNIT NO.
JOB TITLE			EFFECTIVE DATE	TODAY'S DATE	

TYPE OF ACTION	
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CHECK BOX FOR TYPE OF ACTION		INFORMATION REQUIRED FOR THE TYPE OF ACTION CHECKED
ADDRESS CHANGE	<input type="checkbox"/>	Complete "Change of Address Section" below and the City Change of Address form Per-72 in duplicate.
PHONE CHANGE	<input type="checkbox"/>	Complete "Change of Phone Number Section " below.
CHANGE OF SPOUSE	<input type="checkbox"/>	Give name, address and phone no. in the "Remarks Section" below.
EDUCATIONAL ACHIEVEMENT	<input type="checkbox"/>	Give dates, schools and details in the "Remarks Section" below. Attach copy of official records.
LANGUAGE SKILLS	<input type="checkbox"/>	List new skills acquired and specify "fluent" or "some familiarity" in the "Remarks Section" below.
MILITARY STATUS CHANGE	<input type="checkbox"/>	Give change in rank, unit, and service termination in the "Remarks Section " below.
OTHER	<input type="checkbox"/>	Specify change particulars in the "Remarks Section" below.

CHANGE OF ADDRESS SECTION

OLD STREET ADDRESS

NEW STREET ADDRESS	NEW ZIPCODE	NEW DISTRICT
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CHANGE OF PHONE NUMBER SECTION

OLD HOME PHONE NO.	NEW HOME PHONE NO.	OLD CELL PHONE NO.	NEW CELL PHONE NO.
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REMARKS SECTION

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SIGNATURE OF MEMBER	STAR NO./EMPLOYEE NO.
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NOTE: Unit will note change on member's unit Personnel Card, Unit of Assignment Recall & Check-Off Roster and District of Residence Check-Off Roster.