



# Illinois State Police Merit Board

## Request for Remote Testing

Candidates must participate in each component of the Promotional Examination at the designated site and time determined by the Merit Board with only two exceptions - military leave and pre-approved occupational related business. Candidates on military leave or pre-approved occupational related business are required to submit a Remote Testing Request form as soon as possible. Candidates on military leave or pre-approved occupational related business may participate in the promotional testing process at authorized times and locations other than the designated test sites with prior approval from the Executive Director of the Merit Board.

To be considered for Remote Testing, please print, complete, and return this two-page form to the [Illinois State Police Merit Board, 531 Sangamon Ave. East, Springfield, IL 62702](mailto:Promotions@ispmeritboard.org), or by e-mail to: [Promotions@ispmeritboard.org](mailto:Promotions@ispmeritboard.org), if remote testing is desired. Candidates will be notified in writing after determination of the request is made.

I am requesting remote testing for:     \_\_\_ Military     \_\_\_ Job-Related Training or Business

Name: \_\_\_\_\_  
Star ID#: \_\_\_\_\_  
Current Rank: \_\_\_\_\_  
Target Rank: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Personal or Military E-Mail: \_\_\_\_\_

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### MILITARY

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#### Dates of Training or Service

Beginning Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_

#### Commanding Officer's Information

Name: \_\_\_\_\_  
Street Address\*: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Have you notified your Commanding Officer?     \_\_\_ Yes     \_\_\_ No

\*Address must be Federal Express deliverable; P.O. Box is NOT acceptable.

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## DEPARTMENT AUTHORIZED TRAINING

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### Dates of Training or Business

Beginning of Class/Course: \_\_\_\_\_

Ending Date of Class/Course: \_\_\_\_\_

### Class or Course Information

Agency Providing Training: \_\_\_\_\_

Name of Class or Course: \_\_\_\_\_

Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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## TEST ADMINISTRATOR INFORMATION

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Please do not write in the section below.

This section will be completed by the Illinois State Police Merit Board only.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_