Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

JOB ACTION REQUEST

Action Requested	Check box if employee is returning from: STD ☐ or MEL ☐

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Social Security Number
Department			**Department ID**

WORK LOCATION

Effective Date	Action	Reason	Position Number	Company

JOB INFORMATION / JOB LABOR

Job Code	Job Code Title	Employee Class	Officer Code

Regular Shift	Standard Hours	Disclosure Category	Union Code

SALARY PLAN / COMPENSATION

Grade	Step	Compensation Rate

SBC DATA

*Org	*GRC	*Cost Center	Retirement Hours

Daily Scheduled Units	Job Status

*Complete only if different from Position Data

AUTOMATED ADDITIONAL PAY CRITERIA

☐ Initiate ☐ Cancel	Earning Code	☐ Initiate ☐ Cancel	Earning Code

STATE TAX DATA 2

SDI	☐ Subject	☐ Exempt

Department Comments

☐ Unable to accommodate restrictions ☐ Employee flex day is _____

☐ Reduced/Modified schedule is _____

☐ Other _____

Payroll Specialist Name (Print & Sign)	Mail Code	Telephone	Date

TO BE COMPLETED BY HR STAFF ONLY

Comments:	Elig Fld 1:

DISTRIBUTION: Original - EMACS-HR (0030) or EBSD-Leaves Team (0040)
Copy - Department

Keyed By (Employee ID)	Date	Audited By (Employee ID)	Date

REV. HR 08/13/2015