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

CONCURRENT APPOINTMENT (ADDITIONAL POSITION) REQUEST

_Must print in Black or Blue ink ONLY								
Employee ID	Rcd No.	Last Name, First Name						

CURRENT POSITION

san bernardino COUNTY

ADDITIONAL POSITION

Company:	Company:	
Department:	Department:	
Position No.:	Position No.:	
Job Code:	Job Code:	
Job Code Title:	Job Code Title:	
Union Code:	Union Code:	
Pay Group:	Pay Group:	
Position Type:	Position Type:	

JUSTIFICATION

Appointing Authority or Designee Signature (Current Position)	Date
Appointing Authority or Designee Signature (Additional Position)	Date

Office Use Only HUMAN RESOURCES OFFICER REVIEW

Approved	Comments:	
Denied		
	Date	

FINAL REVIEW AND APPROVAL

Approved	Comments:			
Denied				
	Date			
Approved	Comments:			
Denied				
Chief Executive Officer Signature (required if Director of HR is appointing authority)		Date		
This desumant/form incorporates use of a signatures in accordance with the San Demarding County Policy 402.12 and Standard				

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

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