

SAN BERNARDINO COUNTY

DEPARTMENT ID REQUEST

		or Blue ink O			Department			Telephone		
NEW	AMEND	DELETE*	DEPT ID	DESCRIPTIO			ORT ters or less)	COM	//PANY	TLR
				,						
* Delet	ing a dep	artment wil	I not be pro	ocessed if there are activ	e positions/in	cumbents.				
Use the	e back of	this form to	diagram v	where the New/Amended I	Dept ID should	d be placed on	the Tree M	lanage	er in EN	MACS
If the p	olacemen	nt is not sp	ecified, ea	ach department will be t	reated as a n	ew/separate l	oranch.			
Authorized Signature					Title			Date		
Form v	vill be retu	rned if there	e is no sign	nature						
					Office Use Only					
DISTRIBUTION: Original – EMACS-HR/Position Control (0030)					Dept. Table (Keyed by)	Tree Manager (Keyed By)	Pay Period I		Date K	eyed

Rev. 05/01/2024 (Department ID Request)