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



EMPLOYMENT STATUS AND WAGE NOTIFICATION

Action Type

Must print in Black or B Employee ID	Rcd No.	Last Name, First Name			
Department		Department ID		Position No.	Effective Date
Union Code		Job Code		Job Code Title	
Salary Grade		Step	Hourly Rate	Scheduled Hours	Full Time/Part Time
Position Type* (Select One)			Job Status (Check only those that apply)		
Regular: 🗌 Classified 🛛 Unclassified		🗌 Active 🔲 Probationary 🔲 Trainee 🗌 Dual Fill			
🗌 Recurrent 🔲 Extra Help		Assignment to Vacant Hire Position			

*Employees in Extra Help, Recurrent, and Unclassified Positions **Do Not** attain Regular Civil Service Status and serve at the pleasure of the Appointing Authority.

Please refer to applicable Memoranda of Understanding (MOU), Ordinance, Compensation Plan or Personnel Rules for other terms and conditions of employment.

Hiring Manager or Appointing Authority (Print & Sign)	Date

Employee (Print & Sign)	Date

Acknowledgment				
certify and affirm that the above information was explained to the employee and that form data is accurate. I also confirm Position Type and Job Status above is current and are completed correctly.				
Payroll Specialist (Print & Sign)	Date			
istribution: Original - EMACS-HR (0030)				

Distribution: Original - EMACS-HR (0030 1st Copy – Employee 2nd Copy - Department

(Employment Status and Wage Notification)

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