JOB ACTION REQUEST

SAN BERNARDINO COUNTY

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 (New Hire Only)

Department	Department ID

WORK LOCATION

Effective Date	Action	Reason	Position No.	Company

JOB INFORMATION / JOB LABOR

Job Code	Job Code Title	Union Code

Standard Hours	Regular Shift	Employee Class	Officer Code

SALARY PLAN / COMPENSATION

MBO Enrolled	MBO Holiday Schedule	Grade	Step	Step Rate
☐ Yes ☐ No	☐ Regular* ☐ Non-Regular**			

* Regularly scheduled to work holidays. ** Not regularly scheduled to work holidays.

SBC DATA

Daily Scheduled Units	Retirement Hours	Position Status	Job Status

AUTOMATED ADDITIONAL PAY CRITERIA

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

Department Comments

Payroll Specialist Name (Print & Sign)	Mail Code	Phone Number	Date

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TO BE COMPLETED BY HR STAFF ONLY

Comments:	Elig Fld 1:

DISTRIBUTION: Original - EMACS-HR (0030) or EBSD-Leaves Team (0440)
     Copy - Department

MBO Elig. Config. Code	MBO Holiday Sched.	Keyed By (Employee ID)	Date	Audited By (Employee ID)	Date