



# NURSE LONGEVITY STEP REQUEST

NURSE

NURSE PER DIEM

NURSE SUPERVISORY

Employee ID	Rcd. No	Employee Last Name, First Name		Date of Hire
Department		Job Code	Job Code Title	

Employment history and corresponding service hours are as follows:

Begin Date	End Date	Classification	Service Hours	Cumulative Service Hours

Payroll Specialist (Print & Sign)	Date
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Office Use Only

Recommend Approval Denial	Human Resources Business Partner (Print & Sign)	Date
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Employee Relations – Division Chief (Print & Sign)		Date
Recommend Approval Denial	Service Hours	Longevity Step

PP Keyed	Keyed By (ID#)	Date
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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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