



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

POSITION NUMBER REQUEST EXTRA-HELP/RECURRENT/CONTRACT

Must print in Black or Blue ink ONLY

Contact Name(Print)	Department Name	Telephone	E-mail Address
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Effective Pay Period	# of Positions Requested
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All information must be identical to request more than one position per form

Department Name	Department ID	Job Code	Job Code Title	
Shift		Standard Hours	SAP Cost Center	
Tax Location	Workers' Comp Code	Holiday Schedule	Disclosure Category	Extra Help/ Recurrent/ Contract

Recurrent Position Number Requests Require Justification and Director of Human Resources Signature

Justification:

Appointing Authority (Print & Sign)	Date
Financial Analyst (Print & Sign)	Date
Director of Human Resources (HR) Signature (Only if it is for a recurrent position)	Date
Chief Executive Officer Signature (required if Director of HR is appointing authority)	Date

Note: EMACS-HR/Position Control will notify the department contact of the position number(s) by e-mail or telephone
This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Office Use Only

New Position Number(s):

Keyed by (Employee ID):	Date:

DISTRIBUTION:
Original- County Administrative Office (0140)- Attn: List name of Department's Financial Analyst
CAO Analyst to forward to EMACS-HR/Position Control (0030)

Form will be returned if required signatures are not present