



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

POSITION DATA CHANGE

Must print in Black or Blue ink ONLY.

Contact Name (Print)	Department	Telephone	E-mail Address
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Effective Pay Period

**Change will not be processed without an effective pay period or if any boxes are blank
Indicate n/a on any boxes intended to be left blank**

POS NO.	EMPL ID	DEPT ID	SAP Cost Center	EMACS Cost Center	SHIFT	*INACTIVATE
						<input type="checkbox"/>
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* Only extra-help, recurrent and contract positions may be inactivated using this form

AUTHORIZATION

Authorized Department Representative (Print & Sign)	DATE
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Form will be returned if there is no signature

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

DISTRIBUTION: Original - EMACS-HR/Position Control (0030)
Copy - ATC Enterprise HCM (0018-2nd Floor)

REV. HR03/19/24

Office Use Only

Keyed By (Employee ID)	Date
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(Position Data Change)