



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

Work Location Address Request

Must print/type in Black or Blue ink ONLY

Requestor's Information

Employee ID	Last Name, First Name	
Job Title		Department ID

Work Location Information

Effective Date	Address	Building	Floor
City	State	Zip	

Please make sure to complete all sections of the address location. Building and Floor is optional.

Payroll Specialist (Print & Sign)	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.

Office Use Only

Distribution: Original – EMACS Security Support (email)
1st Copy – Department

Keyed By (ID)	Date Keyed	Work Location ID
		WL