



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

## WORKERS' COMPENSATION CODES CHANGE REQUEST

*Must print in Black or Blue ink ONLY*

Empl ID	Employee Name	Position Number	Job Code Title	Job Duties Description	Current WC Code	Requested WC Code	Effective Date

**Note:** Attach another Change Request if additional space is needed

<b>Appointing Authority or Designee (Print and Sign)</b>	<b>Department</b>	<b>Telephone</b>	<b>Date</b>
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*Office Use Only*

<b>Risk Management Signature</b>	<b>Date</b>
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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.

<b>Keyed By (Employee ID)</b>	<b>Date</b>
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*DISTRIBUTION: Original – Risk Management (0016)*