



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

ePerformance / Auto Wage Progression Adjustment Request

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Department			Department ID
Union Code	Job Code	Title	Position No.

ADJUSTMENT TYPE

Effective Date	Adjustment Type	Adjustment Action	Date / Hours / PP Adjust Amount
	<input type="checkbox"/> Wage Progression <input type="checkbox"/> ePerformance / WPE <input type="checkbox"/> Job Status	<input type="checkbox"/> Event Date Override <input type="checkbox"/> Hours Adjustment <input type="checkbox"/> Pay Period Adjustment <input type="checkbox"/> Remove Stop Status (Wage Progression Only)	

ADJUSTMENT REASON

Department Comments			
Department Contact (Print & Sign)	Mail Code	Phone Number	Date

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

TO BE COMPLETED BY HR STAFF ONLY

Comments:

DISTRIBUTION: Original - EMACS-HR (0030)
Copy - Department

Office Use Only

Keyed By <small>(Employee ID)</small>	Date	Audited By <small>(Employee ID)</small>	Date
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