



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

## JOB ACTION REQUEST

Action Requested	Check box if employee is returning from: STD <input type="checkbox"/> or MEL <input type="checkbox"/>
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Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Social Security Number (New Hire Only)
Department			Department ID

### WORK LOCATION

Effective Date	Action	Reason	Position No.	Company
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### JOB INFORMATION / JOB LABOR

Job Code	Job Code Title	Employee Class	Officer Code
Regular Shift	Standard Hours	Disclosure Category	Union Code

### SALARY PLAN / COMPENSATION

MBO Enrolled <input type="checkbox"/> Yes \$ /Hr <input type="checkbox"/> No	MBO Holiday Schedule <input type="checkbox"/> Regular* <input type="checkbox"/> Non-Regular**	Grade	Step	Step Rate	Combined Step/MBO Rate
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\* Regularly scheduled to work holidays. \*\* Not regularly scheduled to work holidays.

### SBC DATA

Daily Scheduled Units	Retirement Hours	Job Status
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### AUTOMATED ADDITIONAL PAY CRITERIA

<input type="checkbox"/> Initiate	Earning Code	<input type="checkbox"/> Initiate	Earning Code
<input type="checkbox"/> Cancel		<input type="checkbox"/> Cancel	

### STATE TAX DATA 2

SDI	<input type="checkbox"/> Subject <input type="checkbox"/> Exempt
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Department Comments
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Payroll Specialist Name (Print & Sign)	Mail Code	Phone Number	Date
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### TO BE COMPLETED BY HR STAFF ONLY

Comments:	Elig Fld 1:
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DISTRIBUTION: Original - EMACS-HR (0030) or EBSD-Leaves Team (0440)

Copy - Department

MBO Elig. Config. Code	MBO Holiday Sched.	Keyed By (Employee ID)	Date	Audited By (Employee ID)	Date
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