

EAS – Service Request Form

Instructions: To submit, save the form to your computer, complete it and forward it to the Employee Advisory Service at EAS_Help@csc.nj.gov or fax it to (609) 633-8584.

Date

Department / Agency

INDIVIDUAL REQUESTING SERVICE

☐ Self-referralDepartment/Agency referral: ☐ SPVR/MGR ☐ HR/ER/LR ☐ Other

Name

Job Title

Phone

Email

Reason for request

☐ Work Related☐ Personal

SELF-REFERRAL

Please provide a reason for the request.

Submit your request to EAS_Help@csc.nj.gov, fax to 609-633-8584 or click below to submit.

DEPARTMENT / AGENCY REFERRAL

Is this a formal referral? Yes No (**Recommendation only**)

Employee's Name

Job Title

Phone

Email

Employee's Direct Supervisor

Job Title

Phone

Email

Provide a detailed description of the reason for the referral (work attendance, etc.). Attach additional pages if needed. *For failed PAR, attach a copy of the employee's most recent PAR/PIP.*

The above information is confidential and will assist EAS with the referral process. Discuss the reason for the referral with the employee. You may provide the employee with a copy of this form at your discretion.

A Department/Agency referral does not necessarily represent the employee's agreement with the contents, only that the employee is aware and understands the reason for this referral.

The employee has been informed about this request and the reason for the referral.

Submit your request to EAS_Help@csc.nj.gov or fax to 609-633-8584

INTERNAL USE ONLY

Employee #: _____

EAS Staff: _____ Date: _____