



EAS – Service Request Form

Instructions: Complete and forward this form to the Employee Advisory Service at EAS_Help@csc.nj.gov or fax to (609) 633-8584.

Date

Department / Agency Name

Request type Self-referral Department/Agency referral

Note: Self-referrals complete the EMPLOYEE INFORMATION section only.

Individual requesting service SPVR/MGR HR/ER/LR Other

Name

Phone Email

EMPLOYEE INFORMATION

Employee Name Job Title

Phone Email

Reason for request Work Related Personal

For **self-referrals**, provide a reason for the request.

[Click here to download and review the notice of privacy policy](#)

I have received a copy of the notice of privacy practices and understand that if I have questions, at any time, I will consult with EAS.

DEPARTMENT / AGENCY REFERRAL

Is this a formal referral? YES NO

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.

Note: 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.

[Click here to submit the service request form](#)

You can also submit your request to the Employee Advisory Service at EAS_Help@csc.nj.gov or fax to (609) 633-8584.

INTERNAL USE ONLY

Employee #: _____

EAS Staff: _____ Date: _____