

Employee Advisory Service 1-866-327-9133 EAS\_Help@csc.nj.gov

## **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-referral				
Department/Agency referral: ☐ SP	°VR/MGR □ HR/ER/LR	□ Other		
Name	Job Title			
Phone	Email			
Reason for request ☐ Work Rela	ated 🗆 Personal			
SELF-REFERRAL				
Please provide a reason for the requ	est.			

DEPARTMENT / AGENCY REFERRAL		
	commendation only)	
Employee's Name	Job Title	
Phone	Email	
rnone	Emdii	
Employee's Direct Supervisor	Job Title	
Employee's bliect supervisor	Job IIIIe	
Phone	Email	
Provide a detailed description of the reason to	or the referral (work attendance etc.) Attach	
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 referral with the employee. You may provide the er	EAS with the referral process. Discuss the reason for the	
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 th		
Submit your request to EAS_Help@csc.nj.gov or fax	to 609-633-8584	
INTERNAL USE ONLY		
Employee #:		
EAS Staff:	Date:	