



# EAS - Service Request Form

Employee Advisory Service • 1-866-327-9133 • [EAS\\_Help@csc.nj.gov](mailto:EAS_Help@csc.nj.gov)

**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](mailto:EAS_Help@csc.nj.gov), fax it to (609) 633-8584, or click the submit button below.

Date	Department/Agency
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## INDIVIDUAL REQUESTING SERVICE

Self-referral

Department/Agency referral:  *SPVR/MGR*       *HR/ER/LR*       *Other*

Name

Job Title

Phone

Email

## SELF-REFERRAL

Please provide a reason for the request.

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

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.