



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](mailto:EAS_Help@csc.nj.gov) or fax it to (609) 633-8584.

Date

Department / Agency

## INDIVIDUAL REQUESTING SERVICE

- Self-referral  
 Department/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](mailto:EAS_Help@csc.nj.gov), fax to 609-633-8584 or click below to submit.

## DEPARTMENT / AGENCY REFERRAL

Type of referral:  Formal  Informal / On behalf of employee

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](mailto:EAS_Help@csc.nj.gov) or fax to 609-633-8584

### INTERNAL USE ONLY

Employee #: \_\_\_\_\_

EAS Staff: \_\_\_\_\_ Date: \_\_\_\_\_