



EAS – Service Request Form

Instructions: [Download](#), 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.

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: _____