CalJOBS Help Request

Requestor Information	
Agency:	☐ AJCC – Eckerd Workforce Development ☐ Youth – Eckerd Workforce Development ☐ Department of Social Services ☐ Other: _____
Date:	
First Name:	
Last Name:	
Email:	
Phone:	
Issue Pertains To:	☐ Individuals/Participants ☐ Employers ☐ Staff Privilege Settings ☐ Other: _____
Screen Shots Included:	☐
Activity Code:	

Individual/Participant Information (If Applicable)	
First Name:	
Last Name:	
State ID #:	
WIOA Application #	

Employer Information (If Applicable)	
Employer Name:	
Employer Site ID #:	
City:	

Description of Issue
Document every step you took from the start to the point the issue was encountered. Provide screen shots of each step if applicable. If an error message is received, include a screen shot of message.

Revised 8/15/2019

AJCC/Youth Program Managers please submit this form via email to
edhernandez@co.slo.ca.us and CC your staff whom is requesting the correction