COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES
WORKFORCE DEVELOPMENT BOARD

SLO CAL CAREERS
SKILLS TO UNLOCK OPPORTUNITY

CalJOBS Help Request

Requestor Information	
Agency:	☐ AJCC AD/DW ☐ Youth ☐ 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 6/17/2026

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