Workforce Development Department
Help Desk Form

Date Received: Date Completed:

Use this template to provide the required information when reporting issue(s) or requesting assistance with CALJOBS. Please make sure all information is entered in detail and form is attached to the email when submitting ticket to the ISD Help Desk at **isdhelpdesk@isd.sbcounty.gov**.

SECTION I – Description		WDD Staff Detailed Information
1.	**Office/Provider Location**	
	Staff Name	
	Staff Phone Number	
	Manager/Supervisor Name	
	Manager/Supervisor Phone Number	
2.	**Password** ☐ **New** ☐ **Reset** ☐ **Terminate**	Employee ID: Job Title: ☐ CalJOBS ☐ CalJOBS ☐ CalJOBS

SECTION II – Description		Customer Detailed Information
1.	**Customer name**	
	Last 4 numbers of Social Security (SSN)	
	Source ID	
2.	**Current issue**	
	What occurred	
	Expected results	

3.   **Activity code correction**

Incorrect Date / Code	Correct Date / Code

4.	**Closures (soft exits)**	Correct date:
5.	**Incorrect agency assignment to activity**	Correct agency:

6.   **Incorrect customer information**

Note: Verification must be scanned into CalJOBS before correction can be completed.

Data	Incorrect	Correct
SSN		
Date of Birth		
Name		

☐ No SSN. Need psuedo number for customer.