



HELP DESK TICKET

290 North D Street, Suite 600
San Bernardino, CA 92415
(909) 387-9859

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

| 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: <input type="checkbox"/> New <input type="checkbox"/> Terminate <input type="checkbox"/> Reset | Employee ID: | Job Title: | |
| SECTION II – Description | | Participant Detailed Information | | |
| 1. | Participant Name | | | |
| | Last 4 numbers Social Security (SSN) | | | |
| | State 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 participant Information Note: Verification must be scanned into CalJOBS before correction can be completed. | Data | Incorrect | Correct |
| | | SSN | | |
| | | Date of Birth | | |
| | | Name | | |
| | | <input type="checkbox"/> No SSN, need psuedo number for participant. | | |