



LOS ANGELES COUNTY

WIA Adult, Dislocated Worker and Youth Programs

INFORMATIONAL BULLETIN

Number: WIA-RS-B14-02

Subject: CalJOBSSM System Data Change Request Form and User ID Request Form

Date: 04-30-2014

Effective Date: May 05, 2014

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TO: ALL Workforce Investment Act (WIA) ADULT, DISLOCATED WORKER AND YOUTH CONTRACTORS

The purpose of this bulletin is to provide you with the New CalJOBSSM System Data Change Request Form (attachment I) and the User ID Request Form (attachment II).

WIA contracted agencies are to use the new Data Change Request and User ID Request forms upon implementation of the New CalJOBSSM system. In order to effectively manage data change requests and user ID issuances, all requests must follow the procedures as outlined within each form.

If you have questions regarding this bulletin, please contact our CalJOBS Tech Support Team, at CALJOBStechsupport@css.lacounty.gov.

A handwritten signature in black ink, appearing to read "Josie Marquez" with a stylized flourish at the end.

Josie Marquez, Assistant Director

Workforce and Community Services Branch

Attachment(s)

COMMUNITY & SENIOR SERVICES
RESEARCH & STATISTICS SECTION CaIJOBS_{sm} TECH SUPPORT TEAM
CaIJOBS_{sm} SYSTEM DATA CHANGE REQUEST FORM

E-MAIL: CaIJOBSTECHSUPPORT@CSS.LACOUNTY.GOV

DATE OF REQUEST:

NAME OF AGENCY:

REQUESTOR:

PHONE NUMBER OF REQUESTOR:

E-MAIL OF REQUESTOR:

CLIENT INFORMATION

CLIENT'S FIRST & LAST NAME:

CLIENT'S USERNAME: LAST 4 DIGITS OF SSN:

HAS THIS CLIENT ALREADY SOFT EXITED FROM THE SYSTEM? Yes No

IF YES, DATE OF SOFT EXIT:

DESCRIPTION OF CORRECTIVE ACTION REQUESTED *(Please be as detailed as possible):*

JUSTIFICATION AND POTENTIAL IMPACT TO AGENCY IF THE CORRECTION IS NOT MADE:

IF ADDITIONAL SPACE IS NEEDED, PLEASE SUBMIT ANOTHER ATTACHMENT.

CalJOBSSM DATA CHANGE REQUEST PROCEDURES

1. **Date of Request** – Indicate the submission date of the request.
2. **Name of Agency** – Indicate the requesting agency name.
3. **Requestor** – Indicate the name of the staff requesting the data change.
4. **Phone Number of Requestor** – Indicate the phone number of the staff listed in item #3.
5. **E-mail of Requestor** – Indicate the e-mail address of the staff listed in item #3.
6. **Client's First & Last Name** – Indicate the WIA client's first and last name.
7. **Client's Username** – Indicate the WIA client's CalJOBSSM username.
8. **Last 4 Digits of SSN** – Indicate the last four digits of the WIA client's social security number.
9. **Has the client already soft exited from the system? Yes or No** – Indicate whether or not the WIA client as already soft exited from CalJOBSSM.
10. **If yes, date of soft exit** – Indicate the soft exit date of the WIA client, if applicable.
11. **Description of corrective action requested** - Indicate the specific elements that require correction. Please be as detailed as possible.
12. **Justification and potential impact to agency if the correction is not made** – Provide a justification as to why the change is necessary. In addition, any documentation that will support the justification for the data change should be included as a separate attachment.

It is suggested to use the form's embedded text fields to complete the request. However, the requestor may opt to print the blank form and complete it by hand.

All data change requests must be submitted to CalJOBStechsupport@css.lacounty.gov. CSS CalJOBS Tech Support Staff will respond within 48 hours. However, resolution of data change requests may take more than 48 hours if the request necessitates the intervention of EDD.

Please note that data change requests that arise out of a result of not adhering to the data entry procedures as outlined in LA County Directive *WIA-RS-14-03 – Participant Reporting in the New CalJOBSSM System*, may be denied.

CalJOBSSM USER ID REQUEST PROCEDURES

1. **First Name** – Indicate the first name of the staff requiring a User ID addition or deletion.
2. **Last Name** – Indicate the last name of the staff requiring a User ID addition or deletion.
3. **Job Title** – Indicate the job title of the staff requiring a User ID addition or deletion.
4. **E-Mail** – Indicate the E-mail address of the staff requiring a User ID addition or deletion
5. **Agency** – Indicate the agency name to which the staff requiring a User ID addition or deletion operates as an employee.
6. **Agency Zip Code** – Indicate the Zip Code of the Agency indicated in item #5.
7. **Add (A) Delete (D)** – Indicate whether or not the staff's User ID should be created/added or deleted.
8. **Access Group** – Indicate whether or not the staff's User ID should have Supervisor or Staff level privileges.

Requestors must complete each field of the CalJOBS User ID Request form and a Supervisor's signature must be included.

It is suggested to use the form's embedded text fields to complete the request. However, the requestor may opt to print the blank form and complete it by hand.

E-mail the completed form to CalJOBStechsupport@css.lacounty.gov.