Employee Identified Wellness Barrier State of California CalHR-871 (rev 9/2021) One department only Multiple departments CHECK ONE: My idea will affect: Enter name(s) of department(s) below Subject Title - Description in a few words If more space is needed, attach additional sheets The barrier I encountered: The wellness I want to achieve: The way I suggest it should be: **Employee First Name Employee Last Name** Department (Include work location address) Civil Service Title (Please spell out) Employee Phone Number **Employee E-mail Address** The use by the State of California of my suggestion shall not form the basis of a further claim of any nature upon the State of California by me, my heirs or assigns. Signature Date