



Human Resources Information Request

A label or report request may be submitted to HR by completing the information below and fax to 824-6908 or mail to SKH 102.

Request Date: _____ Date Needed: _____ (allow 2-5 working days)

Name: _____ Department/Division: _____

Work Phone#: _____ E-mail Address: _____

Purpose for the request or information will be used for: _____

I accept responsibility for the security of the information provide in this request.

Type/Print Name: _____ Position Title: _____

Supervisor's Signature (Authorized By) Date

Type: Excel (Spreadsheet) Report Other _____

Label (Forward to Copy Center) -Mail Merge (Job#) J _____ (Job # required)

Sorted: Ascending Descending Other _____

Specify Information Needed

Classification:

Administrators (includes executives, administrative, technical managers, deans and chairs)

Faculty (includes Academic, Calendar, Faculty Rank and Tenure Status)

Staff

All (Administrators, Faculty and Staff)

Other (specify)

Employment Status:

All Regular Temporary Full Time Part Time

Overtime Status:

Exempt Non-Exempt All: Exempt and Non-Exempt

Print Fields: Please list fields to be displayed in report/label. (i.e., Name, Campus Address, Department, Banner ID, Orgn Code, etc.)