



**OFFICE OF HUMAN RESOURCES
HRIS UNIT
Data Report Request Form**

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Request Date:	
----------------------	--

SECTION I – REQUESTOR’S INFORMATION

Name:		Title:	
Email:		Phone:	
Division:		Department:	

SECTION II – REPORT INFORMATION

Type of Request:	Initial/First Time Request Revised Request Repeat of an Existing Request Other: _____												
Data as of Date:	Effective Date Range From: _____ To: _____												
Report Description: <small>Provide a detailed description of the report, why it is being requested and how the information will be utilized.</small>													
Department(s):	All Departments Division Specific: _____ Department Specific: _____												
Employee Group(s): <small>Provide a detailed description of the report, why it is being requested and how the information will be utilized.</small>	Teaching Adjuncts Non-Teaching Adjuncts FT Faculty Graduate Assistants ECP Titles Classified Managerial Non-Teaching Instructional (HEOs, CLTs, Librarians) Civil Service White Collar Civil Service Blue Collar College Assistants Continuing Education Teachers (CETs) Other: _____												
Employee Status:	Current (“Active”) Leaves of Absence Separated Retired Other: _____												
Data to be Included: <small>All requested reports will provide Employee ID Numbers.</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 15%;">Department</td> <td style="width: 15%;">Title</td> <td style="width: 15%;">Effective Date</td> <td style="width: 15%;">End Date</td> <td style="width: 15%;">Salary</td> </tr> <tr> <td>Business Email</td> <td colspan="5">Other: _____</td> </tr> </table>	Name	Department	Title	Effective Date	End Date	Salary	Business Email	Other: _____				
Name	Department	Title	Effective Date	End Date	Salary								
Business Email	Other: _____												

SECTION III – NOTES & COMMENTS

SECTION IV – CONFIDENTIALITY STATEMENT

All confidential information should only be used for authorized business for which this request was explicitly approved. Any other dissemination, distribution or use of this information is prohibited. Any questions regarding this request and/or appropriate use of the data should be directed to AskHR@jjay.cuny.edu.

Requestor’s Signature:		
Supervisor’s Name:		Supervisor’s Signature: