



## HR Systems Data Request Form

<b>Name of Requestor:</b>	<b>Contact #:</b>	<b>Date Requested:</b>
<b>Requesting Department:</b>	<b>Business Unit:</b>	<b>Date Needed:</b>
<b>Is this a Public Information Act Request?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, provide the name of the requesting entity: In no, who is the intended audience for this data?		
<b>Description of data requested:</b>		
<b>List order of data fields for Output</b> (e.g., employee ID, department, wages, stipends):		
<b>Is this a one-time request?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Is this request for a reoccurring output report?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>How often?</b>	<b>Requested Scheduled Dates?</b>	
<b>Send Output to:</b> (e.g., email address, LAN location)		
<b>Additional information that will assist us in processing your request:</b>		

### Authorization

<b>Supervisor/Manager Signature:</b>	<b>Print Name:</b>	<b>Date</b>
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### Notes – for HR Systems use only.

Date Completed:
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