

The Graduate School & University Center
Office of Human Resources
Data Report Request Form

Please complete all applicable sections.

Request Date: _____

SECTION I - REQUESTOR'S INFORMATION

| | | | |
|----------------|--|--------------------|--|
| Name: | | Title: | |
| Email: | | Phone: | |
| School: | | Department: | |

SECTION II - REPORT INFORMATION

| | |
|---|---|
| Type of Request: | <input type="checkbox"/> Initial/First Time Request <input type="checkbox"/> Modification of an Existing Request <input type="checkbox"/> Repeat of an Existing Request <input type="checkbox"/> Data Analysis <input type="checkbox"/> Other: _____ |
| Report Title: | |
| Report Description: <small>(Detail description of the report including data source, why it's being requested and how the information will be used.)</small> | |
| Business Unit | <input type="checkbox"/> The Graduate Center <input type="checkbox"/> School of Journalism <input type="checkbox"/> School of Professional Studies |
| Departments | <input type="checkbox"/> All <input type="checkbox"/> Other: _____ |
| Employee Group: <small>(Check specific employee groups)</small> | <input type="checkbox"/> Adjuncts <input type="checkbox"/> Civil Service White Collar <input type="checkbox"/> Civil Service Blue Collar <input type="checkbox"/> Classified Managerial <input type="checkbox"/> College Assistants <input type="checkbox"/> ECP Titles <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate Assistants <input type="checkbox"/> Non-Teaching Instructional (HEOs, CLTs, Librarians) <input type="checkbox"/> Other: _____ |
| Employee Status: <small>(Check all that apply)</small> | <input type="checkbox"/> Current ("Active") <input type="checkbox"/> LOA <input type="checkbox"/> Separated <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____ |
| Status: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Person of Interest (POI) |
| Data as of Date: | <input type="checkbox"/> Current Point in Time <input type="checkbox"/> Current Academic Year <input type="checkbox"/> Current Fiscal Year <input type="checkbox"/> Effective Date Range: From: _____ to: _____ |
| Data to be Included: <small>Please indicate the order of the required fields Attach/forward a sample format output if appropriate.</small> | ___ Name ___ Department ___ Title ___ Job Effective Date ___ Salary ___ Employee ID ___ Email ___ Expected End Date Other: _____ |
| Format of Output: | <input type="checkbox"/> PDF <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> 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 hr@gc.cuny.edu.

| | | | |
|------------------------------|--|--------------------------------|--|
| Requestor's Signature | | | |
| Supervisor's Name: | | Supervisor's Signature: | |