HRIS Report / Label Request Form

A report or label file request may be submitted to Human Resources Systems Department for processing. Please fill in as much information as possible and fax to 401-863-3513 or mailed to HR Systems, Box 1879 (Please confirm receipt if sent by alternative method) If you are having problems with form, please contact us at HRSYS@Brown.edu.

Request Date: _____

Date needed: _____
(allow 5-7 working days)

Name: _____ Department: _____ Acct No: _____

Authorized By: _____ Box #: _____ Ext: _____

Purpose for which the report or labels will be used: _____

Request Type:	Preferred Output of Query	Will this query be needed on a regular basis?
☐ New ☐ Existing	☐ Electronic File (Tab File)	☐ Yes ☐ No
Existing Query Name: _____	☐ Hard Copy	If yes, then please indicate frequency:
☐ Report ☐ Label	☐ Pressure (Peel Off) ☐ Cheshire Electronic File will be supplied unless otherwise specified.	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Upon Request Only

Selection Criteria of Requested Report/Label

Employee Type	Employment Status	Organization
☐ All ☐ (E) Exempt ☐ (F) Faculty	☐ (A) Active	☐ All
☐ (N) Non-Exempt ☐ (U) Union	☐ (L) Upaid Leave	☐ Paid
☐ (M) Medical Faculty	☐ (P) Paid Leave	☐ NoPay
☐ (S) Undergrad Students	☐ (T) Terminated	
☐ (G) Graduate Students		
☐ (C) Miscellaneous		

Benefit Group

☐ All ☐ (E) Exempt ☐ (N) Non-Exempt
☐ (S) Policy&Security ☐ (K) Food Services
☐ (L) Library ☐ (P) Facilities Mgmt.
☐ (F) Faculty ☐ (U) Uncapped Faculty
☐ (C) Capped Faculty ☐ (O) Other

Select Sort - (please select how the report should be sorted).

☐ Employee ID ☐ Employee Last Name
☐ Campus Box No. ☐ Zip Code for External Addresses
☐ Department Name ☐ Department Number
☐ Other _____

Print Fields: Please list fields to be displayed in report/label. (ie; Name, Address, City, State, Zip)
_____
_____
_____

Other Selection Criteria (be as specific as possible):
_____
_____
_____
_____

_____   _____
Received By   Date   Completed & Delivered   Date

HRIS Use Only

Date Run _____ Job Name _____ Record Count _____ HRIS Initials _____ Method of Delivery _____