

## City of Waterbury HRIS Labels/Report Request Form

COMPLETE AND RETURN BY EMAIL TO  
[lfernandes@waterburyct.org](mailto:lfernandes@waterburyct.org)

**PLEASE ALLOW 3 DAYS FOR LABELS AND 5 DAYS FOR REPORTS TO BE PROCESSED**

### Your Details

**Requested By:**  
**Email Address:**  
**Department:**  
**Date Required:**

**Request Date:**  
**extn:**  
**Report or Labels**  
**Format: Excel / PDF**

### Label/Report Details

**Title:**

**Reason:**

**Description:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Current Staff | <input type="checkbox"/> Temporary/Seasonal   | <input type="checkbox"/> Board of Education |
| <input type="checkbox"/> Retired Staff | <input type="checkbox"/> City (Civil Service) |   |

#### Process Levels required

- All Board of Education Employees
- All City Employees
- B100 Administrative Board of ed
- B110 District Wide Program
- B120 Educational Grants
- B130 Elementary Schools
- B140 Food Service
- B150 High Schools
- B160 Middle Schools
- B170 School Inspectors
- B180 Special Education
- C100 Audit
- C110 Boards and Commissions
- C120 Budget
- C130 City Clerk
- C140 City Planning
- C150 Corporate Counsel
- C160 Finance
- C170 Fire Department
- C180 Health Department
- C190 Human Resources
- C200 Inspections
- C210 Information Technology
- C220 Library
- C230 Mayor's Office
- C240 Pension
- C250 Police Department
- C260 Public Works
- C270 Registrars
- C280 Town Clerk
- C290 Water Department
- C300 Water Pollution Control

#### Categories of staff required

- Acting / Provisional
  - Appointed / Elected
  - Grant
  - Regular
  - Seasonal
  - Temporary
  - Temp Grant
- OR**
- Blue Collar
  - Crossing Guards
  - Fire
  - MAA (Management)
  - Non Union / Non BOE
  - Nurses and Nurse Supervisors
  - Police
  - SAW
  - SEIU1 (Classroom Assistants, etc)
  - SEIU2 (Food Service)
  - SEIU3 (Secretarial/Clerical)
  - White Collar
  - WTA

#### Status of staff required

- Active Full Time
- Active Part Time with Benefits
- Active Temporary/Seasonal
- Leave of Absence (all leave types)
- Active Part Time no benefits
- Suspended
- Terminated
- Workers' Comp (all leave types)
- Retired

## List Required Fields

List the fields needed in this report. For example, EE Full Name Position Number, Position Description. Incomplete or inaccurate information can delay the processing of this report.

Code	Description	√	Code	Description	√
UF	Actual DOT		EMP	Hire Date	
EMP	Adjusted Hire Date		EMP	Indirect Supervisor	
EMP	Anniversary Date		EMP	Job Code	
EMP	Annual Hours		JBC	Job Code Description	
PEM	Bargaining Unit		EMP	Location	
EMP	BSI Group Code		EMP	Location Description	
EMP	Deceased		EMP	Pay Plan	
EMP	Department		EMP	Pension Plan	
EMP	Department Name		EMP	Position	
EMP	Dept Seniority Date		EMP	Position Description	
EMP	EE Address		EMP	Postal Code	
EMP	EE City		EMP	Preferred Name	
EMP	EE Full Name		EMP	Pro Rate Annual Salary	
EMP	EE Name - First		UF	Probation Exp Date	
EMP	EE Name - Last		EMP	Process Level	
EMP	EE Name - Middle		EMP	Process Level Name	
EMP	EE Name Suffix		EMP	Rate of Pay	
UF	Eligible for Rehire?		EMP	Rehire Date	
EMP	E-Mail Address		EMP	Retirement Plan	
EMP	Emp Base Pay		EMP	State	
EMP	Employee #		EMP	Status (EE current status)	
f523r1	Employee Class		EMP	Step	
EMP	Exempt From Overtime		EMP	Supervisor	
EMP	Exp Return to Work		PEM	Telephone – Home	
EMP	First Day Worked		PEM	Telephone – Supplemental	
EMP	Former Last Name		EMP	Tenure Date	
EMP	FTE		TR21	EE Training History	
PEM	Gender		EMP	Tot Pro Rate Sal	
EMP	GL Account Category		EMP	Union	
EMP	GL Activity		POC	Union Description	
EMP	GL Expense Account		UF	Union Seniority Date	
EMP	GL Expense Acct Unit		EMP	User Level	
EMP	Grade		POC	User Level Desc	

Sort Order Needed – How should the information in the report be presented? For example, alphabetically listed by employee last name or descending order by position number:

Sort (1) \_\_\_\_\_

Sort (2) \_\_\_\_\_

Sort (3) \_\_\_\_\_

**Additional Information (i.e.; special formatting, etc):**

Not all special requests can be met due to the nature of the data. Where requests are very specialized, consideration should be made for the development and completion of the task and may take longer than the established lead time.

Please note, the following requests must be accompanied by a report justification – why is the report needed and who will use it along, approval from the Director of Human Resources.

- social security numbers
- home addresses

Reports containing social security numbers will not be e-mailed. The requesting party must provide a blank CD along with the report request. All reports containing confidential information will be password protected and the passwords will be disclosed to the report requestor.

**Please note, unless instructed otherwise, all reports containing non-confidential information will be sent to the person completing this request form via e-mail.**

<b>Report Details</b>		
<b>FOR HRIS USE ONLY</b>		
<b>File Name:</b>		<b>Version:</b>
<b>Date Written:</b>	<b>Written By:</b>	
<b>Date Refreshed:</b>	<b>Refreshed By:</b>	
BUSINESS OBJECTS DETAILS		
<b>Objects Used:</b>		
<b>Conditions Applied:</b>		
<b>Specific Notes:</b>		
<b>Agreed Delivery Date:</b>		<b>Actual Delivery Date:</b>
For labels, please enter the following details:		<b>Total:</b>
		<b># pg labels:</b>
		<b># pg list:</b>

