

HRIS QUERY/REPORT REQUEST FORM

Requester Name: _____
 Department: _____
 Date Requested: _____
 Date Required: _____

Please describe purpose of request:	
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Please complete all selections below to indicate the criteria for the request:

Employee Status: Active On Leave Work Break Suspended Terminated Retired Deceased	Employee Type: Hourly Student Employees Faculty Staff Task	Employee Class: Regular Non-Employees	Report's Effective Date: As of: From _____ to _____ Other specific date(s):
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Organization(s): UNT-Dallas UNT-Denton System	List Departments Required: All UNT-Dallas All UNT-Denton All UNT-System Specific Department(s) _____
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Please indicate the information to be displayed:

Please indicate any special formatting needs and/or the sort order of the request:

Approved by: _____ Date: _____	Requester's Priority High (due in 3 working days) Medium (due in 5 working days) Low (due in 10 working days)
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Please save a copy for your records and send as an attachment to: 6G7SISSTeam@untgny.edu .edu