REPORT REQUEST FORM

DATE:_____**EMAIL:**_____

FROM: _____**PHONE:** _____

DEPT: _____ **SLU BOX:** _____

REPORT TITLE: (paper output only)

Line 1 _____

Line 2 _____

Line 3 _____

REPORT FORMAT: (enter items in order of appearance on report)

Column 1 _____

Column 2 _____

Column 3 _____

Column 4 _____

Column 5 _____

Column 6 _____

SORT CRITERIA: (enter items to sort by)

_____ _____ _____

SELECTION CRITERIA: (indicate the group of employees to select)

PURPOSE OF REPORT: _____

_____ _____
Signature of Requestor   **Signature of Human Resource Director**

Charge: $ _____   **Date Payment Received:**_____