

TODAY'S DATE: _____

Department of Human Resources/Relations
University of Maryland, Baltimore County
1000 Hilltop Circle
Baltimore, Maryland 21250

REPORT/LABEL REQUEST FORM

PHONE : 410-455-2337
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TO: **SHERRELL McNAMARA,**
HRIS Administrator

FROM:

REQUEST: REPORT [___ Copies] **OR** LABELS [___ Set(s)]

NEED BY: _____

(PLEASE BE ADVISED that report and label generations generally take 5-7 working days for processing.)

Generate request via the following criteria: [Check all applicable choices]

<input type="checkbox"/> ALL FACULTY & STAFF	OR				
<input type="checkbox"/> Executives/Academic Administrators	<input type="checkbox"/> Faculty	<input type="checkbox"/> Fellows	<input type="checkbox"/> Graduate Assistants	AND/OR	
<input type="checkbox"/> Exempt Staff	<input type="checkbox"/> Non-Exempt Staff				
__ Regular	__ Regular				
__ Contingent 2 (Contractual)	__ Contingent 2 (Contractual)				
__ Contingent 1 (Temporary)	__ Contingent 1 (Temporary)				

<input type="checkbox"/> Full Time (100%)	<input type="checkbox"/> Males	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Indian
<input type="checkbox"/> Part Time (<100%)	<input type="checkbox"/> Females	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	

Include in report/label: Name SSN Department Location Title EEO6 FTE%
 Gender Race Classification/Status Other _____

SORT BY: Name Department Title Classification/Status Gender Race Other _____

PURPOSE OF REPORT/LABEL (Required):

_____	_____	_____	_____	_____
(Signature)	(Date)	(Department)	(Extension)	(Email Address)