

Marywood University

Employee Name & Department Data Request Form

Complete this form and send it directly to HR. Incomplete forms will be returned.

Requested data will be provided to you in Excel format for your Word Mail Merge document

Name of Requester: _____ Phone #: _____

Reason for Request: _____

Date Needed: _____

Check ALL that apply - be sure to indicate full-time (FT) and/or part-time (PT):

___ Executive Officers (President, Vice Presidents)

___ Administrative Officers (Deans, Asst/Assoc Vice Presidents)

___ Other Administrators

___ Faculty

___ Pro-Rata Faculty

___ Adjunct Faculty (Lecturers)

___ Professional Staff (Salaried)

___ Hourly Staff

___ Secretarial Staff

___ Seasonal/Temporary Employees (Non-Student)

___ Student Employees

___ Work Study Students

___ Tutors

___ Note Takers

Date

Signature

Office Use Only:

Completed by: _____

Date: _____