California State University, Long Beach PeopleSoft HR Report Authorization Form

Name of Requestor

Requestor's Phone Ext

Requestor's Job Title / Department

Requestor's E-mail Address

1. *Check the box(es) that apply for the employee group(s) to be included in the report you are requesting*:

☐ **STAFF EMPLOYEES** (check this box if the report data requested includes staff & management employees)
☐ **FACULTY EMPLOYEES** (check this box if the report data requested includes faculty (R03) employees)
☐ **STUDENT EMPLOYEES** (check this box if the report data requested includes student employees)

Please only send one form and cc: others as appropriate:
Forms are sent to: tangell@csulb.edu **for Staff employee data;** iwood@csulb.edu **for Faculty employee data; or if in doubt:** sapel@csulb.edu **or** wespino@csulb.edu

DATE OF REQUEST: _____

DATE INFORMATION IS NEEDED BY: _____

2. DESCRIBE DATA/INFORMATION NEEDED:
If you are requesting to receive a standard HR report, please indicate the report name.

3. INDICATE DATE RANGE OF DATA REQUESTED:

FROM DATE

THRU DATE

4. IS DATA NEEDED ONE-TIME OR RECURRING:

☐ **ONE TIME**

☐ **RECURRING** *If data need is ongoing, indicate frequency:*
- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Each Semester**
- ☐ **Annually**
- ☐ **Other:**

5. BUSINESS PURPOSE/JUSTIFICATION:

For Internal Use Only - CMS/HR ACTIONS		
Date Received	**Approval By (Type Name):**	**Issue Track #:_____ Actions Taken:**
	Comments	

Revised 10/07/05