

Department of Human Resources
 University of Maryland, Baltimore County
 1000 Hilltop Circle
 Administration Building, 5th Floor
 Baltimore, Maryland 21250

HUMAN RESOURCES/INFORMATION SYSTEMS (HRIS) REPORT REQUEST FORM

GENERAL INFORMATION: 410-455-2337
 FAX: 410-455-1064
 VOICE/TTY: 410-455-3233
 www.umbc.edu

PART I: To be completed by the requestor

Date of Request:	Need Report by:
Name of Requestor:	Title & Department:
Purpose of Report Request:	

Generate report based on the following criteria (Please check all that apply):

ALL FACULTY & STAFF

OR

<input type="checkbox"/> FACULTY	<input type="checkbox"/> EXEMPT STAFF	<input type="checkbox"/> NON EXEMPT STAFF	<input type="checkbox"/> GRADUATE ASSISTANTS
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Males	<input type="checkbox"/> Males	<input type="checkbox"/> Males	<input type="checkbox"/> Males
<input type="checkbox"/> Females	<input type="checkbox"/> Females	<input type="checkbox"/> Females	<input type="checkbox"/> Females
<input type="checkbox"/> Tenured	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	
<input type="checkbox"/> Non Tenured on Tenure Track	<input type="checkbox"/> Contingent I	<input type="checkbox"/> Contingent I	
<input type="checkbox"/> Non Tenured Not on Tenure Track	<input type="checkbox"/> Contingent II	<input type="checkbox"/> Contingent II	
<input type="checkbox"/> Continuing Contract			
<input type="checkbox"/> Contractual (Adjunct)			

OTHER CRITERIA TO USE:

FIELDS TO INCLUDE IN THE REPORT (Check all that apply):

Name Department Title Employee Classification

FTE % Ethnicity/Race Other Data (Please Specify): _____

PART II: To be completed by Human Resources

Reviewed and Completed Signature of HR Designee: _____ Date: _____