



**LaGuardia Community College
Department of Human Resources
Reports Request Form**

Date of Request: _____

Name: _____

..... **Title:** _____

Department: _____

Extension: _____

..... **E-Mail:** _____

Reason for Request:

Type of Report Requested:

..... **Mailing List**

.... **New Employees (Full Time Faculty and Staff)**

..... **Years of Service**

.... **Terminated Employees**

..... **Employee by Department/Title**

.... **Head Count**

..... **Other:**

Requested Fields:

___ **Last Name** ___ **First Name** ___ **Prefix** ___ **CUNY Title** ___ **Department** ___ **Salary**

___ **Appointment Date** ___ **Division** ___ **Address** ___ **Email Addresses** ___ **Other:**

(please number the fields in order of preference)

Report Needed By: _____

(All requests must be received at least 5 business days prior to the date needed.)