



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

REPORT REQUEST FORM

Date of Request _____

Name _____

Department _____

Title _____ Ext. _____

Email _____

Reason for the Request

Type of Report Requested

Mailing List

New Employee (FT Faculty and Staff)

Years of Service

Terminated Employees

Employee by Department/Title

Head Count

Other _____

Requested Fields (Please number the fields in order of preference)

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

___ Home Address ___ Division ___ Appointment Date ___ Email Addresses

___ Other _____

Report Needed by Date: _____

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