



**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.)**