

**Marywood University**

**Employee Name & Department Data Request Form**

Complete this form and send it directly to HR. Incomplete forms will be returned.

Requested data will be provided to you in Excel format for your Word Mail Merge document

Name of Requester: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Check ALL that apply - be sure to indicate full-time (FT) and/or part-time (PT):

\_\_\_ Executive Officers (President, Vice Presidents)

\_\_\_ Administrative Officers (Deans, Asst/Assoc Vice Presidents)

\_\_\_ Other Administrators

\_\_\_ Faculty

\_\_\_ Pro-Rata Faculty

\_\_\_ Adjunct Faculty (Lecturers)

\_\_\_ Professional Staff (Salaried)

\_\_\_ Hourly Staff

\_\_\_ Secretarial Staff

\_\_\_ Seasonal/Temporary Employees (Non-Student)

\_\_\_ Student Employees

\_\_\_ Work Study Students

\_\_\_ Tutors

\_\_\_ Note Takers

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Office Use Only:

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_