### Instructions

* All requests must be approved by the requesting department's senior administrator as determined by the requesting department’s organizational structure. After the request is approved by the Provost/VP/CIO or President, please forward the approved form to Human Resource Management, Cleveland Hall 403.
* Requests for restricted or sensitive data is subject to the approval by the associate vice president for human resource management.
* Allow 3-5 business days following approval for request to be processed. HR will contact requestor with estimated completion date.
* All HR data requests may be used only for authorized business for which the request was explicitly approved. Any other dissemination, distribution, or use of this information is prohibited.
* Compliance with the [Data Risk Classification Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary.buffalostate.edu/files/uploads/Documents/Data%20Risk%20Classification%20Policy%2012-17%20FINAL.pdf) should be incorporated into business processes to ensure any data received is properly secured.

Questions regarding the request and/or appropriate use of the data may be directed to Susan Earshen, Associate Vice President for Human Resource Management, ext. 3042.

### Request Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of request: |  | | | |
| Requestor Name: |  | | | |
| Department: |  | | | |
| Phone Number: |  | | | |
| E-Mail: |  | | | |
| *I acknowledge that I have requested and will receive, upon approval, HR data on Buffalo State College employees in electronic or hardcopy format. I understand that this data is complete and/or correct as of the date requested and that HR information changes constantly. I will use the data only for the purpose indicated in the request.* | | | | |
| Requestor Signature: | |  | | |
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| What is the business purpose of the data request? | | | | |
|  | | | | |
| Describe any messages or materials to be distributed based on the data *(where applicable).* | | | | |
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| *continue to page 2* | | | | |
| What information do you require? *Please specify each individual field or data element to the best of your ability (i.e., employee name, budget title, department, bargaining unit, full or part-time, e-mail, campus or home address).* | | | | |
|  | | | | |
| What criteria do you wish to filter this data? *(i.e., department, bargaining unit, years of service)* | | | | |
|  | | | | |
| What sorting or grouping do you need? *(i.e., group by department, sort by last name)* | | | | |
|  | | | | |
| What format do you want the output? | | | Excel  Text (csv)  PDF | |
|  | | | | |
| By what date will you need this information? | | | |  |

### Approval

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provost/VP or President: |  | | Date: |  |
| Human Resource Management: | |  | Date: |  |
| HRM date of completion: | |  |  |  |