

REPORTING & CONTROL HRIS REQUEST



REQUESTER NAME: _____

DEPARTMENT & EXT: _____

REQUEST DATE: _____ DATE REQUIRED: _____

REPORTING REQUEST

Exact fields to appear in report: _____

Frequency report is required: _____

Description/purpose of report being requested: _____

SYSTEM CHANGE REQUEST

Effective date of change: _____

Description of change: _____
eg. Rate change, etc

Please attach specific rates/premiums/etc to be entered.

WEBSITE CHANGE

URL to be changed: _____

Details of change request: _____

Please attach any forms or documents you would like uploaded to the website.

REPORTING & CONTROL USE ONLY

DATE COMPLETED: _____ Tested: _____

COMPLETED BY: _____

If Applicable:

Tables Updated/Used: _____

Notes: _____

Please forward completed form to:
Human Resources Services, CSB Room 202
1280 Main St. West, Hamilton, ON L8S 4L8; Phone (905) 525-9140
www.workingatmcmaster.ca