

**PeopleSoft HCM Query Request Form**

**Instructions:** Select the type of data and data elements you need by completing the sections below. Sections marked with \* are required sections. Please make sure your name and email are complete and correct so that we can follow up with you if needed. To submit, please complete this form, rename and save it, attach it to a new e-mail, and send to [hrinfomgt@fscj.edu](mailto:hrinfomgt@fscj.edu). The turnaround time for a report is generally 2-5 business days, dependent upon complexity.

**\*REQUESTER:**

**Date Submitted:**

**Name/EMPL ID:** **Phone Number:**

**Department:** **Email Address:**

**Date Needed:** **Delivery Method:**

(Please indicate the latest date you must receive your output - no sooner than two business days. Indicate the date in the format MM/DD/YY.)

(How would you like to receive this request?)

**\*TYPE OF REQUEST:** Select One

<b>New One-time Report</b>	<b>New Ongoing Query</b>	<b>Change to Existing Query</b>
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**\*BUSINESS PURPOSE:** Please describe the business purpose of this request and how the data or report will be used. Please be specific – this will help ensure the right data is provided in the data set.

**ADDITIONAL RECIPIENTS:** If report should be sent to others in addition to the person listed above, please provide their e-mail address(es).

**QUERY NAME:** If requesting a change to an existing query, please provide the name and location below and attach a sample in the email submission of this form. NOTE: If this report name is already created, we will notify you before going further.

**\*DATE RANGE:** Enter the period of time to be used in report / query results.

From To or  Current

**\*REQUEST CATEGORY:** Please check the box(es) that describe the report content or type of report / query request:

<input type="checkbox"/> Benefits	<input type="checkbox"/> Training & Organizational Development	<input type="checkbox"/> Recruiting
<input type="checkbox"/> Compensation	<input type="checkbox"/> Absence Management	<input type="checkbox"/> Salary Planning
<input type="checkbox"/> Empl Class Headcount	<input type="checkbox"/> Position Management	<input type="checkbox"/> Terminations
<input type="checkbox"/> Hires / Rehires / Transfers	<input type="checkbox"/> Promotions / Demotions	<input type="checkbox"/> Other

**\*SELECTION CRITERIA:** Indicate which status and type of employees you wish to include in the report / query results; check all boxes that apply.

Employee Status	Relationships / Employee Types / Pay Groups
<input type="checkbox"/> A = Active <input type="checkbox"/> I = Inactive  <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Retirement with Benefits	<input type="checkbox"/> Employee <input type="checkbox"/> Contingent Worker <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt  <input type="checkbox"/> Primary Job <input type="checkbox"/> Secondary Job(s)
<b>Employee Class</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Professional <input type="checkbox"/> Career <input type="checkbox"/> PT Regular/Temp Career <input type="checkbox"/> Overload/Extra Load <input type="checkbox"/> Institutional Student Worker <input type="checkbox"/> Faculty/Librarians/Counselors <input type="checkbox"/> PT Regular/Temp Librarians/Counselors <input type="checkbox"/> Adjunct WLU <input type="checkbox"/> Adjunct Timesheet <input type="checkbox"/> OPS Adjunct <input type="checkbox"/> Federal Student Worker	<input type="checkbox"/> 180 Faculty <input type="checkbox"/> 220 Counselors/Librarians <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Adjunct  <input type="checkbox"/> Benefits-Eligible

**\*DATA ELEMENTS:** Check all fields you would like included on your report/query.

<input type="checkbox"/> Empl ID #	<input type="checkbox"/> Location Code	<input type="checkbox"/> Pay Group	<input type="checkbox"/> Hire Date	<input type="checkbox"/> Address
<input type="checkbox"/> Employee Name	<input type="checkbox"/> VP Location	<input type="checkbox"/> Compensation Code	<input type="checkbox"/> Termination Date	<input type="checkbox"/> Mail
<input type="checkbox"/> Empl Record	<input type="checkbox"/> Job Code	<input type="checkbox"/> Hourly	<input type="checkbox"/> Position End Date	<input type="checkbox"/> Home
<input type="checkbox"/> Empl Status	<input type="checkbox"/> Job Title	<input type="checkbox"/> Annual	<input type="checkbox"/> Action	<input type="checkbox"/> Telephone
<input type="checkbox"/> Reports To Position	<input type="checkbox"/> Position Number	<input type="checkbox"/> Compensation Rate	<input type="checkbox"/> Reason	<input type="checkbox"/> Work
<input type="checkbox"/> Reports To Name	<input type="checkbox"/> Employee Class	<input type="checkbox"/> Annual Benefits Base Rate	<input type="checkbox"/> Effective Date	<input type="checkbox"/> Home
<input type="checkbox"/> Department Name	<input type="checkbox"/> FLSA Status	<input type="checkbox"/> Benefits Program	<input type="checkbox"/>	<input type="checkbox"/> Cell
<input type="checkbox"/> Department ID	<input type="checkbox"/> Standard Hours	<input type="checkbox"/> Physical Location		<input type="checkbox"/> Email
				<input type="checkbox"/> Business
				<input type="checkbox"/> Personal

**ADDITIONAL CRITERIA:** Indicate additional criteria not listed above, such as fields containing codes (e.g. Actions and Reasons, Benefits Programs, Chartstrings, Funding Sources, Job Codes, Locations, Positions, Faculty Contract Type, etc.).

**ORDER:** Indicate how you would like your report/query organized in columns and how you want the data sorted. (Example: List emplid, name, job code, job entry date. Sort by job code in ascending order and job entry date in descending order.)

**FILE ATTACHMENT:** Attach sample formats or any files applicable to your request to the email when you submit your request.

**To be Completed by HRIM, HR Department**

Query Name:  
Query Location:

*Provide comments on approach, clarifications and special considerations.*