

HR INFORMATION SYSTEMS

Internal Request for HR Data

Provide the following information regarding the data you wish to request from UAB Human Resources. This information will be used to assist in approvals and prioritization of this request.

Note: This form is for data requests within UAB and its entities only.

What is your business need?

Does the request include data that is Sensitive or Restricted? Check the appropriate boxes below:

SENSITIVE

RESTRICTED

List data fields to include in the report.

Check the box for each entity to include in the report:

UAB CAMPUS

UAB SCHOOL OF MEDICINE

UAB HOSPITAL

HEALTH SERVICES FOUNDATION

HOSPITAL LLC

UAB HEALTH SYSTEM

VIVA

CALLAHAN EYE FOUNDATION

MEDICAL WEST

List any filters to apply to the report.

REQUESTOR INFORMATION

NAME

BLAZER ID

DATE

DEPARTMENT/OFFICE/ENTITY

HUMAN RESOURCES USE ONLY: APPROVER INFORMATION

NAME

BLAZER ID

DATE