Internal Use Only:



## **HRMS Data Request**

	HININI I	Data Request	Tracking No:
Requested By:		Job Title:	
Department:	partment: Division:		
Contact Phone Number: E-mail address:			
			ional information):
Description of your data	request, including fields	(e.g., employee name, depar	tment):
Additional information re	equired to complete you	ur data request (e.g. active em	ployees only):
		rt:	
For Office Hee Only			
_	☐ Teachers ☐ Pe	ensions   Refund	enefits Data
Assigned To	Date Assigned	Ticket Number/Comments	
Ouery/Report Name:	I	<u> </u>	
Comments:			

Issue Date: December 2014

## **HRMS Data Request (HRS-100) Instructions**

This form is to be completed by Managers, Directors and Executive requesting data from the Human Resource Management System (HRMS) pertinent to their roles, duties and functions within the organization. It is critical that all sections be completed. You will be contacted for additional information/clarification, as required. Incomplete requests or requests not submitted on this form will be rejected.

Please note that there are a number of reports/queries that are available to select groups. If you meet the criteria and are requesting such information, you may be instructed to complete a security request form that will grant you the required access so you can run the reports/queries yourself, or you may be directed to an employee within your office that has the required access to do so.

Requests will be reviewed upon receipt to ensure that the release of the information complies with Part IV of the *Access to Information and Protection of Privacy Act*; therefore, it is very important that you provide sufficient detail and reasoning in the Reason for the Request Section. Your request will be directed to the appropriate person for action.

The date required will help us in prioritizing requests; however, the turnaround time will depend on a number of factors but will be actioned as soon as possible. Once it is determined that access can be granted as requested and so as to ensure that proper security/access is in place, as applicable, please identify the person responsible for running the report/query on a go forward basis.

A copy of the form can be found on the Public Service Network site <a href="http://www.intranet.gov.nl.ca/docs/default.asp">http://www.intranet.gov.nl.ca/docs/default.asp</a> or by contacting the Compensation and Benefits Service Centre at729-7690 or 1-888-729-7690.