NYC HEALTH+ HOSPITALS

HRSS Query/Report Request Form

Section 1 – Instructions and Information

The purpose of this form is to request new Queries/Reports or changes to Existing Reports that cannot be created using the access you have been granted via Query Manager/Query Viewer.

Please provide your personal information in the Requestor Contact Information section. This information is required for all HRSS requests.

In order to complete this request, indicate the type of report requested (New or Existing) and include the name of the existing report, if applicable. Indicate if the report will need to be run as needed (Ad-hoc) or on a scheduled basis (please provide frequency). Please include the Business Justification/Need for the report.

Within the Description/Specifications section, provide a brief overview of the query/report, identifying the information that needs to be included. Please include required fields/tables (if known), specific formatting requests, and sorting order for data (if any). When applicable, include any requirements related to the distribution of the query/report (including how and to whom it should be distributed).

Please email the completed request form to HRSS@nychhc.org. Please allow up to **five business days** for processing. If a request requires additional processing time, the report writer will contact you at the email address provided.

If you have any questions, please contact HRSS at 646-458-5660 or HRSS@nychhc.org.

Section 2 – Requestor Contact Information

Last Name:		**First Name:**	
Work Phone (all 9 digits):		**Email Address:**	
Facility:		**Department:**	

Section 3 – Query/Report Information

Query Type	New	Existing *(enter query name):*			
Frequency	Ad-hoc	Weekly	Monthly	Quarterly	**Due Date:**
Business Justification					
Description/ Specifications					
Additional Information	Required Fields				
	Sort Order				

Section 4 – Authorization *(Please note, manually typing your name in the Signature box will be considered as an electronic signature)*

Requestor Signature	Signature:	Date: