FACULTY INFORMATION SYSTEM PROJECT FORM

This form is to request RBHS faculty data from FIS. Please complete and return this form to Michael Pakay, Faculty Affairs, Fax #973-973-5320.

All fields are required.	*For FIS Use only*
NAME/DATE: SCHOOL/DEPT: E-MAIL/PHONE: POSITION: PROJECT LEAD PERSON:	Verify data fields, req'd Develop action plan and specs. Set up meeting
Describe project request, including how data will be used. Provide a list of data fields required, along with the format needed. Type of faculty required: Paid Unpaid What RBHS Schools are needed: NJMS RWJMS SDM SHP SN SPH PHARM IFH ***Please attach output sample.***	***FIS Notes***
Requested by: Dept. Manager/Supervisor: _____ Print Name/E-mail:	**Dates** _____
Approved by: RBHS FA Director: _____ **Access Granted by:** FIS Programmer Analyst: _____	**Dates** _____ _____