**OFFICE OF HUMAN RESOURCES LABEL FILE ORDER**

To: Eric Crigger

From:

Subject: Label File Order

Date:

Contact Phone No.

Date Needed       E-mail

**Include: ETSU COM FM COP**

Regular Full-time [ ]  [ ]  [ ]  [ ]

Regular Part-time [ ]  [ ]  [ ]  [ ]

Administrative/Professional [ ]  [ ]  [ ]  [ ]

Clerical/Support [ ]  [ ]  [ ]  [ ]

Faculty [ ]  [ ]  [ ]  [ ]

Adjunct Faculty [ ]  [ ]  [ ]  [ ]

Graduate Assistants [ ]  [ ]  [ ]  [ ]

Medical Residents [ ]  [ ]  [ ]  [ ]

Temporary Employees [ ]  [ ]  [ ]  [ ]

VPs/Deans/Directors/Chairs (*Only*) [ ]  [ ]  [ ]  [ ]

Specific Departments [ ]  [ ]  [ ]  [ ]

* List Department Org Codes or

Timekeeping Locations

REASON FOR REQUEST:

**FAX FORM TO 439-8354**

or Email Crigger@etsu.edu