

TO BE USED FOR SEMO UNIV. BUSINESS USE ONLY - NOT TO BE USED FOR PERSONAL USE

**MAILING LABEL
REQUEST FORM**

(Please Print)

YOUR NAME _____ DEPT _____ EXT. _____ MS _____

TODAY'S DATE _____ DATE LABELS/LISTING
NEEDED _____

INSTRUCTIONS: Select your choice below:

1. Regular Full-Time/Part-Time Staff and Faculty (**This does not include temporary.**)

Items 3 through 13 are included in this selection.

2. Regular Full-Time/Part-Time Staff (**This does not include temporary.**)

Select choice(s) below if you would like a specific group. You may choose as many as you need.

3. Full-Time Faculty (**This includes Chairs, but not Deans; This does not include temporary faculty**)

4. Part-Time Faculty (**This includes temporary faculty.**)

5. Chairs

6. Deans

7. Provost

8. President

LABELS WILL BE USED FOR:

SELECT ONE:

_____ Labels (sticky) _____

_____ Labels (electronic) _____

_____ Listing _____

_____ *****

_____ Pick-up labels _____

_____ Mail labels to _____

_____ *****

9. Professional Staff Council

10. CTS _____ In what order would you like labels: _____
11. Professional Staff _____ Alphabetical _____
12. Directors _____ Name within Dept. _____
13. Adm. Staff _____ Mailstop _____
14. Supervisors _____
15. Graduate Assistants _____

If you require labels for a specific department(s)/college(s), write in the department(s)/college(s) name and check the TYPE of Faculty you need and/or Graduate Assistants:

_____ Dept/College Faculty FT____ PT____ Graduate Asst____
_____ Dept/College Faculty FT____ PT____ Graduate Asst____
_____ Dept/College Faculty FT____ PT____ Graduate Asst____

*If Other types of labels are required, write the specifications in the space below.

SEND THIS REQUEST TO Human Resources, AC 220, MS #3150, FAX 2108, EXT. 6192. PLEASE ALLOW 2 DAYS FOR PROCESSING.