



**Office of Human Resource Management
Human Resource Information Systems**

EMPLOYEE REQUEST FOR SERVICE COMPUTATION

DATE OF REQUEST: _____

REASON FOR REQUEST: _____

EMPLOYEE NAME: _____

TITLE: _____

TELEPHONE: _____

EMPLOYEE ID NO.: _____

HU HOSPITAL SERVICE: YES _____ NO _____

TIMEKEEPER NAME: _____

TIMEKEEPER TITLE: _____

TELEPHONE: _____