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 Faculty  
   (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 ________

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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:

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<thead>
<tr>
<th>Dept/College Faculty FT</th>
<th>PT</th>
<th>Graduate Asst</th>
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*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.