

**WASHINGTON UNIVERSITY
OFFICE OF HUMAN RESOURCES
ADDRESS LABEL REQUEST**

Department

Account #

Phone

Date Needed

INSTRUCTIONS: Make a copy for your file. Allow **two weeks** for completion of your request.

- ACADEMIC-DAN & MED, FULL & PART TIME
- ACADEMIC-DAN & MED, FULL TIME ONLY
- ACADEMIC-DAN & MED, PART TIME ONLY
- ACADEMIC-DANFORTH, FULL & PART TIME
- ACADEMIC-DANFORTH, FULL TIME ONLY
- ACADEMIC-DANFORTH, PART TIME ONLY
- ACADEMIC-MEDICAL, FULL & PART TIME
- ACADEMIC-MEDICAL FULL TIME ONLY
- ACADEMIC-MEDICAL PART TIME ONLY

- STAFF-DAN & MED, FULL & PART TIME
- STAFF-DAN & MED, FULL TIME ONLY
- STAFF-DAN & MED, PART TIME ONLY
- STAFF-DANFORTH, FULL & PART TIME
- STAFF-DANFORTH, FULL TIME ONLY
- STAFF-DANFORTH, PART TIME ONLY
- STAFF-MEDICAL, FULL & PART TIME
- STAFF-MEDICAL, FULL TIME ONLY
- STAFF-MEDICAL, PART TIME ONLY
- SPECIAL GROUP—GIVE A DESCRIPTION

Mark all below that apply to this request:

- ___ Adjunct (ACAD/ADJT)
- ___ Affiliated Employee (ACAD/AFFL)
- ___ Affiliated Non-Employee (NEMP/AFFL)
- ___ Courtesy (ACAD/CRTY)
- ___ Emeritus (ACAD/EMER)
- ___ Employed Faculty (ACAD/EMPF)
- ___ Non-Affiliated Non-Employee (ACAD/NOA)
- ___ Non-Faculty (ACAD/NONF)
- ___ Summer School (ACAD/SCHO)
- ___ Summer Research (ACAD/SRSC)
- ___ University College (ACAD/UCOL)
- ___ Visiting (ACAD/VSIT)
- ___ Fellows/Trainee (PDOC/FWCL & FWTR)

Mark all that apply to this request:

- 50% FTE or Higher
- Less than 50% FTE

- ADDRESS LOCATION:** OFFICE BOX NUMBER
 HOME ADDRESS

- TYPE OF LABELS:** PRESSURE SENSITIVE
 E-MAIL ATTACHMENT

DELIVER LABELS TO:

- Send to Campus Box # _____
- Will Pick Up
- Other arrangements: _____

PURPOSE FOR WHICH LABELS WILL BE USED:

APPROVED BY

DATE ORDERED

DATE RECEIVED