EMORY
Office of Grants & Contracts
1599 Clifton Road, 4th floor
FAX: (404) 727-2647

LABOR DATA ACCESS REQUEST

Last Name		**Dept #**	
First Name		**Dept Name**	
Middle Initial		**Phone**	
EMPLID		**Email**	
Univ NETID		**EHC NETID**	

Employee Signature: **Date:**

Approved By: _____ **Date:** _____

Title: _____

Please indicate below the level of access being requested as well as the unit number. If requesting access to a specific project (Grant level access) include the number below.

Operating Unit/Division Level Access	
Unit Number	Unit Name
Department Level Access	
Department Number	Department Name
Project Level Access	
Project Number	Project Name