



FALCON OUTPUT REQUEST

TO: CTA MEMBERSHIP DEPARTMENT
 P.O. BOX 4178, BURLINGAME, CA 94011
 EMAIL: ReportRequest@CTA.org

FAX: 650-552-5061

FROM: LOCAL: _____
 DEPARTMENT: _____
 OTHER: _____
 REQUEST DATE: _____ / _____ / _____

(Specify name)

REQUESTER INFORMATION

NAME: _____
 PHONE: _____
 EMAIL: _____
 DUE DATE: _____ / _____ / _____

DATA REQUIRED and PURPOSE: (ie: All bargaining unit, Active members only, Zip Codes, Data fields needed in output, Local Newsletter email)

APPROVALS:

| | | |
|---------------------|-----------|-------|
| | Signature | Date |
| Department Manager: | _____ | _____ |
| Region Manager: | _____ | _____ |

SORT SEQUENCE: (Please check one)

| | | | | | |
|--------------------------------------|-----------------------|------------|------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> ALPHABETIC: | Last Name | First Name | Local/Group Name | Local/Group then First Name | Local/Group then Last Name |
| <input type="checkbox"/> ZIP CODE: | Ascending | Descending | | | |
| <input type="checkbox"/> CTA ID: | Ascending | Descending | | | |
| <input type="checkbox"/> OTHER: | Please Specify: _____ | | | | |

DESIRED OUTPUT:

| | HARD COPY (Printed & Mailed) | | # of copies | ELECTRONIC PASSWORD PROTECTED (Email Attachment) | | MYFALCON USERS (Query or Report) | |
|---|---------------------------------|---|----------------|--|---|-------------------------------------|---|
| <input type="checkbox"/> MAILING LABELS | Y | N | _____ | Y | N | Y | N |
| <input type="checkbox"/> ROSTER/LIST | Y | N | _____ | Y | N | Y | N |
| <input type="checkbox"/> OTHER: _____ | Y | N | _____ | Y | N | Y | N |

Mail hard copy to: _____

NOTE:
**PLEASE PROVIDE A
 SAMPLE IF AVAILABLE**

Mail electronic copy to: _____
 Name: _____
 Email: _____
 Name: _____
 Email: _____

Notify of MyFalcon Availability: _____

FOR OFFICE USE ONLY

Date Received: _____ Completed by: _____ Completed Date: _____

Query/Report Title: _____ Admin. Use: _____

