



EMPLOYEE: _____

DATABASE: :: **STUD** **FIN** **STAFF** **GEN**

DATE:

DESCRIPTION

ITS FIELDS TO EXTRACT:

CRITERIA:

FORMAT: **EXCEL** **CSV** **TXT**

NOTES:

1. Please ensure that you consult with **Business Area Owners** to obtain **ITS FIELDS** and **CRITERIA**
2. IT Services can only extract data that is **contained in ITS Database, according to the criteria** provided.
3. Please contact **the Business Area Owners** for **Data Quality Queries**
4. Data that is distributed should comply with **Protection of Personal Information Act.**

REQUEST APPROVED BY DIRECTOR/HEAD OF SPECIFIC DATA OWNER FROM WHICH THE EXTRACTION IS TO BE OBTAINED

Signature	Date
STUD: REGISTRAR	FIN: ED: FINANCE
STAFF: ED: HUMAN RESOURCES	GEN: ED: INFORMATION TECH. SERVICES

PLEASE SUBMIT TO DBA AT IT SERVICES AND ALLOW AT LEAST THREE WORKING DAYS TO PROCESS THE REQUEST.

RECEIVED BY:

Signature _____ **Date** _____

COMPLETED BY:

REF NO: _____

Signature _____ **Date** _____