Ad Hoc Report Request

Instructions: After completing the form below, attach and send to AdHoc.Requests@CalSAWS.org. Include SQL, if available, under criteria/parameters.

REQUESTER	

County Name:		**Request Date:**	
Phone:		**Email:**	

Need by Date:	4/22/2015	**Frequency:**	Monthly
Report Type:	Details (e.g. list of data)	**File Format:**	PDF (Adobe)

Purpose:	Legal	**Source:**	County Manager/Supervisor	**Impact:**	None

Data Capture: ☒ Range from ____ through ____ (i.e. Apps denied from 7/1 through 7/31/13)
☐ Snapshot (i.e. Pending applications as of today)

Delivery: ☐ Web Portal
☐ InfoView

Description: (Briefly describe the desired report.)

Primary Data Element: (A single row in this report will represent a _____. [Program, Person, Worker, Case, etc.])

Criteria/ Parameters: (Example: Every CF Program with Active Status on Case Summary and Aid Code is 09.)

Required Fields: (Examples: Case Number, Case Name, RV due date, Caseload Number)

Preferred Fields: (Example: Worker Name)

Sort Order: (Examples: Case Number or Unit/Caseload)

Comments:: (Any additional comments helpful in designing the report)