**RISe Report Request**

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| --- | --- |
| Entered date |   |
| Requested by: |  |
| Grant/FAS/Award Number: |  |
| Is this a repeat report request – a refresh of a previous report? (if yes, please attach the previous report and Incident Number at the end) |  |
| Is this a **NEW** report request? Will you require this report again in the future? How often will you require this report? |  |
| What business issue will this report be addressed for? |  |
| Which Module is this report covering? (Human Ethics, ACS, BioSafety, etc) |  |
| What fiscal years / months are required for this report? |  |
| Which variables/categories/filters are required for this report?(Sponsors, Program, Project start/end date, etc.) |  |
| Priority 1-5 (1 - highest and 5 – lowest)**\*\*Please provide the RISe team up to a week notice to procure a report request\*\*** |  |
| Has this report received approval from ORS?(Custom reports may require approval from ORS) |  |
| Additional Notes and/or Screenshot(s) |  |