



# EPAF Access Request Form

New Access       Additional Access       Removing Access

Name \_\_\_\_\_ A# \_\_\_\_\_

Banner UserID \_\_\_\_\_ Extension \_\_\_\_\_  
(Contact CITS if you do not have a Banner User ID)

Home Orgn \_\_\_\_\_ Department \_\_\_\_\_

User Level (Check all that apply):

User Level	User Level Description
<input type="checkbox"/> Originator	Ability to create Electronic Personnel Action Forms (EPAFs)
<input type="checkbox"/> Approval or Proxy	Can approve or acknowledge EPAF transactions.
<input type="checkbox"/> Super User	Reserved for Human Resources
List all Org Codes you are responsible for:	

**If replacing an existing originator and/or approver who no longer requires department EPAF access, indicate their name below to discontinue their access.**

Name of Previous User \_\_\_\_\_ Date Access Ended \_\_\_\_\_

**Supervisor Authorization:**

Authorizing Name \_\_\_\_\_ Authorizing Signature \_\_\_\_\_  
(Print)

Job Title \_\_\_\_\_ Date \_\_\_\_\_

(Supervisors will need to review the information and submit or fax their approval)

**Return completed form to: Department of Human Resources 1000 ASU Drive, 390 Alcorn State, MS 39096-7500 or Fax to: 601-877-6389** (Please allow one week for access) Once access has been granted, HR will email you the EPAF training manual.

**\*\*FOR HR USE ONLY\*\***

Completed by: \_\_\_\_\_ Date Completed \_\_\_\_\_

Comments: