EPAF Access Request Form

Part I

Name: _____________________________________

GID: _________________________________

Banner UserID: __________________________ (if you do not already have a Banner UserID, this form must be accompanied by a Banner User Access Request Form)

______ New Access ________ Change Access ________ Remove Access

Part II

Are you an Originator? _____ Yes _____ No

Are you an Approver? _____ Yes _____ No

Select the categories of employees for which you originate or approve EPAFs:

_____ Part-time Employees _____ FT Staff Assignments/Changes

_____ Federal/Texas Work Study _____ FT Faculty Assignments/Changes

_____ Adjunct Faculty Assignments/Changes

Please list employees in your approval chain. This includes anyone who would sign a Personnel Action.

1. _____________________________ 4. _____________________________
2. _____________________________ 5. _____________________________
3. _____________________________ 6. _____________________________

Part III

Please list the organization codes that you will need access to for EPAFs.

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