

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.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.