JSU P.A.W.S

Finance Access Authorization Form

Complete this form, obtain appropriate signatures, and send to the Business Operation Specialist in the Division of Business and Finance * JSU Box 17024 * Jackson, MS 39215

III U	TO DIVIDION OF BUOINCOO	and Finance 330 Box 17024 Sackson, WS 39213
Employee's	Name	
Employee's	Job Title	
Employee's	J Number	
Employee's	E-mail Address	
Employee's	Telephone Number	
Employee's	Fax Number	
Name of De	partment	
Supervisor'	's Name	
Enter "Vec"	next to all that apply.	Replacing a Terminated/Current Employee
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	JSU PAWS Access	Replaced Employee's J #
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