

This application is for security access to HR Banner EPAF. Please complete and return this form to Human Resources. Completion of this application is required for EPAF access.

		Application Date:			
Name	J-Number				
Email	@jsums	.edu Ext.	Dept		
Part I – ORIGINATOR Access	(An Originator creat	es the EPAF in Self	Service and submits to Appr	over.)	
Are you an ORIGINATOR? _	Yes	No (If no,	go to Part II)		
Select the categories of e	mployees for which y	ou originate EP.	AFs:		
Student As	ssignments				
Staff Assig	gnments				
Faculty As	signments				
List all of the budget org (Example: 300000 department orgal) 1	ves your EPAFs? anization code) If Ye Employee Name	Yes	No tion below. Number	return to	
Originator for corrections.) Are you an APPROVER If yes, indicate the level(s Department (list department)	?Yes s) on which you appr tments)	No ove EPAFs:	visions (list colleges/division		