

## EPAF Access Form

This form is to be completed by each unit head/dean as all EPAFs will originate in the unit head/dean's office.

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**DEPARTMENT:** \_\_\_\_\_ (A form must be completed by each unit head/dean. )

**CONTACT NUMBER:** \_\_\_\_\_ (Please indicate a contact number for originator)

**EMAIL ADDRESS:** \_\_\_\_\_ (Please indicate an email address for originator)

**ORIGINATOR**  
(employee entering EPAF)

**ORIGINATOR'S PROXY**  
(enter EPAF in absence of originator)

**APPROVER**  
(approves EPAF)

**APPROVER'S PROXY**  
(approves EPAF in absence of approver)

Employee S#	Name	Employee S#	Name	Employee S#	Name	Employee S#	Name
EX. S00012345	Garcia, Penelope	S00023456	Morgan, Derek	S00034567	Hotchner, Aaron	S00045678	Rossi, David

ADD COMMENTS: