

**Division of Human Resources**

**REQUEST FOR APPROVER ROLE  
BANNER HR ELECTRONIC PERSONNEL ACTION FORM (ePAF)**

The Banner HR Electronic Personnel Action Form (ePAF) requires levels of origination, review and/or approval. Persons in the colleges and departments who are responsible for the origination, review and/or approval of personnel actions from their units must be appropriately enrolled in the Banner HR system in order for their names to be assigned for these purposes. Applicants should (1) complete the form; (2) obtain the signature of the supervisor responsible for the applicant (for approvers below the level of Chancellor); (3) retain a copy of the completed form; and (4) send the completed original form to the Division of Human Resources at the below address.

Name	
Banner ID	
Department	
E-mail Address	
Work Phone Number	

**Requesting Access:**

CHECK	Select All That Apply:
	<b>ORIGINATOR</b> (initiate Electronic Personnel Actions, creators of ePAFs)
	<b>APPROVER</b> (process ePAFs for approval, return ePAFs for corrections)
	<b>FYI</b> (the individual is seeing the ePAF transaction for information only)
	<b>PROXY</b>

**Select the category of employees for which you originate or approve ePAFs:**

<input type="checkbox"/>	<b>Undergraduate Students</b>	<input type="checkbox"/>	<b>Staff Hiring Authorizations</b>	<input type="checkbox"/>	<b>EHRA Non Faculty ISAFs</b>
<input type="checkbox"/>	<b>Graduate Students</b>	<input type="checkbox"/>	<b>EHRA Faculty ISAFs</b>	<input type="checkbox"/>	<b>EHRA Temporary Salaried ISAFs</b>

**List all 5 digit departmental organization codes for your ePAFs as an originator or an approver: ex.38113**

1.	4.	7.	10.	13.
2.	5.	8.	11.	14.
3.	6.	9.	12.	15.

**Indicate the level(s) on which you approve ePAFs:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Principal Investigator | <input type="checkbox"/> Supervisor/Department Head    | <input type="checkbox"/> Dean/Vice Chancellor          |
| <input type="checkbox"/> Human Resources        | <input type="checkbox"/> The Graduate College          | <input type="checkbox"/> Office of Budget and Planning |
| <input type="checkbox"/> EHRA Salary Admin      | <input type="checkbox"/> Contracts & Grants            | <input type="checkbox"/> Payroll                       |
| <input type="checkbox"/> University Accounting  | <input type="checkbox"/> Foundation                    | <input type="checkbox"/> Financial Compliance          |
| <input type="checkbox"/> Director/AVC           | <input type="checkbox"/> Departmental Budget Executive | <input type="checkbox"/> Title III                     |

<b>Requestor's Signature:</b>		<b>Date:</b>	
<b>Supervisor's Name (print):</b>		<b>Date:</b>	
<b>Supervisor's Signature:</b>			
<b>Additional Fund Supervisor (print):</b>			
<b>Additional Fund Supervisor Signature:</b>		<b>Date:</b>	
<b>DHR Security Officer Signature:</b>		<b>Date:</b>	
DHR Use Only:	SSB <input type="checkbox"/>	SSBTEST <input type="checkbox"/>	GOATPADTEST <input type="checkbox"/>