UNIVERSITY OF HARTFORD

ePAF Approver / Proxy User Request Form

Instructions for Completing the ePAF User Request Form

1. The user requesting access to ePAF information must read and sign the User Confidentiality Statement acknowledging his/her agreement to honor the confidential nature of the information contained within the system.

2. All Approvers must designate a Proxy to serve on his/her behalf to ensure timely processing of ePAFs. The Proxy desingated by the Approver must be one level higher in the department/college's organizational structure. This form also requires the final approval of the appropriate University Officer for processing.

3. Once all required signatures have been secured, please forward the form to the HRD (FASB). HRD will notify the user as well as the Dean, Director or Administrative Department Head once ePAF .access has been activated.

Please fill out all personal information as COMPLETELY and ACCURATELY as possible to avoid any delays in processing.

User Name: _____   U of H ID: _____

Department: _____   Extension: _____

Job Title: _____   Email: _____ @hartford.edu

Please provide the name and title of your designated Proxy:

Proxy's Name	Proxy's Title

User Confidentiality Statement

To be agreed to and signed by the User identified above:

I am aware of the responsibilities and nature of the information I will be accessing as well as the high level of confidentiality required when handling the information I will be exposed to on a regular basis. I will honor this confidentiality and certify that all information I am privy to will remain strictly confidential. At no time will I allow anyone else to have access to my Banner or Self-Service account or password. I understand that any breach of this confidentiality may result in appropriate progressive discipline, up to and including termination of employment.

Employee Signature	Department/College	Date

To be completed by the Dean, Director or Administrative Department Head:

Access should be granted to the following Banner Home Organizations: _____

NOTE : Deans, Directors and Administrative Department Heads may only authorize user access to home organizations within their administrative scope of responsibility. For a complete listing, please contact your designated HRD representative.

Access should be granted for the following Employee Classes: _____

Access should be granted for the above employee classes with salaries under: $ _____

Signature	Department/College	Ext.	Date

To be approved the appropriate University Officer:

Signature	Ext.	Date

To be completed by the Security Administrator:

BANNER Account Name: _____   GUAIDEN
GOAEACC

Approvals: Security Administrator _____   Date: _____

To be completed by the Banner User Liaison:

PTRUSER	PSAORGN	PSAECLS	NTRALVL

Approvals: Payroll/HR User Liaison _____   Date: _____