

ePAF Originator 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. This form must be signed by the Dean, Director or Administrative Department Head authorizing his/her employee access to ePAFs and personnel information pertinent to the unit, department or college. 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
Position Type: <input type="checkbox"/> Full-time University employee <input type="checkbox"/> Part-time University employee	

Please provide a brief description of the job-related need for access to ePAFs:

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
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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
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To be approved the appropriate University Officer:

_____ Signature	_____ Ext.	_____ Date
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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	_____ NOAOGRP
Approvals: Payroll/HR User Liaison _____			Date: _____