

South Texas College Security Access Form Electronic Personnel Action Form (EPAF)

The Office of Human Resources must have a signed copy of this form before an employee is granted access to EPAF.
Return signed copy to Human Resources or scan and email it to HR_Payroll@southtexascollege.edu

Date: _____

Name of Employee Given Access			
A Number		Banner Id	
Title		Department	
Email Address		Campus Phone	

Please check one: New User Delete User Effective Date: _____

Enter Org Code(s)

Enter ECLS Code(s)

Select the appropriate access type for the employee identified:
Originator (An originator can only create new EPAF transactions)

Signature of Person Authorizing _____ Date _____

Approver (Must be a Department Chair, Supervisor, Director, Dean, VP, or President)

Select the appropriate level

Department Chair/Supervisor Dean/Director
Vice President President

Signature of Person Authorizing _____ Date _____

Proxy (Authorized to act on the behalf of:)

Name		Title	
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Signature of Person Authorizing Proxy _____ Date _____

I certify that all of the above-listed information is accurate. I understand that I am being provided access to financial and personnel information necessary to perform my job as an South Texas College (STC) Employee. I will not use this information for personal use or share with anyone whose official STC job duties do not require use of that data.
Signature of User given access: _____

HR Use Only

Banner Update Date : _____ **SBS Update Date:** _____ **HR User Initials:** _____