



Office of Human Resources Request for System Access to Electronic Personnel Action Form (ePAF)

DIRECTIONS:

Please complete this form to obtain access to the ePAF system. Approved access is required to submit employment and salary data.

Complete and return this form to the **Office of Human Resources**, 7600 Dublin Boulevard, 3rd Floor, Dublin, CA 94568. The employee will be required to obtain training before they access the ePAF system. When access is authorized, the manager will be notified by email to coordinate a training date and time.

1. EMPLOYEE INFORMATION, APPROVAL LEVEL, AND ACKNOWLEDGEMENT

Employee's Full Name: _____ W#: _____

Employee's Position Title: _____ Department: _____

College: _____ Banner User ID: _____ (Example: John Hancock – JHANCOCK)

Requested Approval Level: (Please check all that apply)

✓	Level	Code	Description	✓	Level	Code	Description
	5	ORGNTR	ePAF Originator		60	VPACSS	VP Academic/Student Services
	15	RE VW01	Review Level 01		70	VP:AS	VP Administrative Services
	20	RE VW02	Review Level 02		75	EXEC	Executives
	30	ADMIN	Hiring Administrator		80	DO:BS	District Business Services
	50	FYI	FYI				

ADD access to the following organization codes					DELETE access to the following organization codes				

I have received, read, and understood Chabot - Las Positas CCD [Board Policy 3720, Computer Use](#).

By my signature, I agree to adhere to the Board Policy rules:

Employee's Signature: _____ Date: _____

2. MANAGER'S AUTHORIZATION

Manager's Name: _____ Phone Number: _____

I agree to notify HR immediately when system access changes are required for this employee.

Authorizing Manager's Signature: _____ Date: _____

3. ADMINISTRATIVE/BUSINESS SERVICES REVIEW

Signature: _____ Date: _____

HR USE ONLY:			
ITS Notified: _____	ITS Responded: _____	HR Approved/ Updated On: _____	Manager Notified of Approval On: _____
		<small>Initials</small>	<small>Date</small>