EPAF Access Request

DREXEL UNIVERSITY
Department of
Human Resources

☐ New Access   ☐ Additional Access   ☐ Remove Existing Access

Last Name [_____]   First Name [_____]   University ID [_____]   User ID [_____]

Department [_____]   Home Orgn [_____]   Office Phone [_____]

ACCESS REQUESTED (Check all that apply.)

☐ Student EPAF   ☐ Work Study EPAF   ☐ Adjunct EPAF

USER LEVEL

User Level	Approver Code	User Level Description
☐ Originator		Ability to create Electronic Personnel Action Forms (EPAFs)
☐ Approver: Department Head	10	Ability to approve EPAFs as a Department Head
☐ Approver: Budget Administrator	15	Ability to approve EPAFs as a Budget Administrator
☐ Approver: Dean	20	Ability to approve EPAFs as a Dean
☐ Approver: PI	49	Ability to approve EPAFs as a PI

ORGANIZATION NUMBER ACCESS

Orgn	Orgn	Orgn	Orgn	Orgn	Orgn	Orgn	Orgn
[___]	[___]	[___]	[___]	[___]	[___]	[___]	[___]
[___]	[___]	[___]	[___]	[___]	[___]	[___]	[___]
[___]	[___]	[___]	[___]	[___]	[___]	[___]	[___]
[___]	[___]	[___]	[___]	[___]	[___]	[___]	[___]

If replacing an existing originator and/or approver who no longer requires department EPAF access, indicate their name and user ID below to discontinue their access.

Name [_____]   User ID [_____]

APPROVALS

Director/Dean Name _____   Director/Dean Signature _____   Date _____

Return completed form to HRIS: 3201 Arch St, Ste 430 or 215.895.1751 (fax)

Please allow one week for access.
Once access has been granted, HRIS will notify you with instructions on how to activate your EPAF account
as well as guides to get started on creating and approving EPAFs.

FOR HRIS USE ONLY

Request Sent _____   Ticket _____   Request Complete _____   Initial _____