



EPAFS REQUEST FORM

For HR Use Only

This request must be submitted to HR at least three (3) business days prior to the effective date of the change

Current EPAFS Preparer:			
First Name		Admin. Unit	
Last Name		Email Address	

New EPAFS Preparer:		Effective Date	
First Name		Admin. Unit	
Last Name		Email Address	

Justification for EPAFS Change: (required)

<input type="checkbox"/> Access	REASON:
<input type="checkbox"/> Preparer change/ transfer	
<input type="checkbox"/> PI Change	
<input type="checkbox"/> Unit Lead Change	
<input type="checkbox"/> Pin reset (Unit Lead signature not required)	
<input type="checkbox"/> Other (please explain)	

Employee(s) Effected:		
EE ID # (required)	First Last Name	Admin Unit

Unit Lead Print Name: _____ Title: _____
 Unit Lead Signature: _____ Date: _____

HR use only:	
Date assigned:	Assigned by: