



Instructions: To request or cancel user security authority to process hires in PeopleAdmin/EPAF. Type or print information in applicable sections. Submit form to ICT-University Computer Center by fax to 8 646-2699 (fax must be dialed as 8 646-2699 even if on campus), or scan and e-mail to: security_admin@nmsu.edu. Please retain a copy for your records.

SECTION 1: REQUESTOR INFORMATION

Employee Name (Last, First): _____ Aggie ID: _____

Position Title: _____ College/Division: _____

E-mail Address: _____ Phone: _____ Date Access Required: _____

SECTION 2: REQUEST DETAILS

PEOPLE ADMIN **Note 1:** All roles added will automatically be set up to receive informational e-mails. E-mails can be individually managed by the user upon gaining access. **Note 2:** Please utilize page two if you have more than 1 department to list for Dept Org.

Add Remove **Department Authority:** Authority to initiate the action and submit/route to the Approving Authority.
Dept. Org: _____ - _____ (i.e. 100000 - Department Name)

Add Remove **Approving Authority:** Authority to initiate staff actions and submit/route for HR approval. Authority to initiate and approve faculty actions. Must be a Campus President, Dean, Vice President or official designee.
Dept. Org: _____ - _____ (i.e. 100000 - Department Name)

Add Remove **Search Committee:** Serves as internal or external voting member of search committee with authority to review and evaluate applicants when assigned to a particular search. Search Committee Chair may be assigned as part of posting process under this user type.
Dept. Org: _____ - _____ (i.e. 100000 - Department Name)

EPAF - Please utilize page two if you have more than 1 department to list.

Add Remove **EPAF Originator:** Authority to originate EPAF transactions and submit/route for approval.
Dept. Org: _____ - _____ (i.e. 100000 - Department Name)

Add Remove **EPAF Approver (Dean/VP):** Authority to approve EPAF transactions. Must be a Campus President, Dean, Vice President or official signature authority designee.
Dept. Org: _____ - _____ (i.e. 100000 - Department Name)

SECTION 3: REQUESTOR APPROVAL

By signing this form, you acknowledge that you have read and understand your responsibilities as they pertain to data/information security outlined in section 2.35 of the NMSU Policy Manual.

Employee Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____
Dean/VP/CC President (Delegates not authorized to sign)



Electronic Personnel Security - Department List

Print and obtain approval if this section is utilized.

Employee Name (Last, First): _____ Aggie ID: _____

Department Org Number	Department Name
100000 (example)	Department Name (example)

SECTION 5: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____
Dean/VP/CC President (Delegates not authorized to sign)

Reset