



HUMAN RESOURCES Security Request Form

GENERAL INFORMATION

Employee Name _____ Employee ID# _____
Title (Dr., Mr., Ms.) Last, First MI

UCF NID: _____ UCF PID: _____ Email Address _____

Campus Phone # _____ Employee Status Faculty or A&P USPS OPS (Must be Pre-Approved by HR)

Eight Digit Home Department Name & Number(s) _____

USER STATUS

Status (check one) New Change Terminate (Effective date of termination _____)

- **PS SA/HR Basic Navigation (PSC001) course is a pre-requisite for both ePAF and/or Payroll training.**
- **Please ensure that your department has back-up users for both Payroll and ePAF in the event they are out of the office.**

EPAF ACCESS REQUEST

Type (check one) ePAF Originator ePAF Director-Chair Approver * ePAF VP/Dean Approver **

ePAF Originator & ePAF Director-Chair Approver * ePAF Originator & VP/Dean Approver **

ePAF Workflow Approver

Check one: ORC Graduate Studies Regional Campuses AA/Provost / HR-Compensation

*Option depends on current security setup for Department or College

**Official approver for Department or College

PAYROLL ACCESS REQUEST

Processor **OR** Authorizer

JOB DATA ACCESS REQUEST

Without Salary Information **OR** With Salary Information

SIGNATURES

- Each user is responsible for his/her own access to the system. **Users are not permitted to share their user id and passwords.**
- Security will be DELETED upon termination of employment at UCF.
- The Department Head/Vice President/Dean or Designee signature is required.

As an employee of the University of Central Florida, I, the undersigned, accept the responsibilities of having security in PeopleSoft SA/HR to create or approve electronic Personal Action Forms (ePAFs) and/or process or authorize payroll. I understand that my security is for use in administrative support only. Any other uses of this access are strictly prohibited. I, further, understand that Human Resources reserves the right to terminate my security for improper or illegal use. I understand that my request will be processed in accordance with UCF and HR policy.

Employee Signature _____	Date _____	Dept Head/Vice President/Dean or Designee Signature _____	Date _____
Employee Name (Print) _____	Date _____	Dept Head/Vice President/Dean or Designee Name (Print) _____	Date _____

DEPARTMENTAL CONTACT INFORMATION

The departmental contact will be notified by email when the security access has been created.

Departmental Contact _____ Phone _____ Email _____

Human Resources Use Only

PSC001	PER052	Row Sec	
FNV110	PER053	Role	
PAF002	PAF003	Granted by	

SUBMISSION INSTRUCTIONS: Form must be signed and sent to HR-Human Resources by either fax (407)384-2864, mail 12565 Research Parkway, Suite 360, Plus 4: 2912, Attention: Payroll Services, or scanned and emailed to payroll@mail.ucf.edu **REV. 03/2009**