



Electronic Personnel Security - People Admin/EPAF

ROUTING
ICT-UCC, MSC 3AT
security_admin@nmsu.edu
Phone 646-8221
Fax 8 646-2699

Instructions: To request or cancel user security authority to process hires in PeopleAdmin/EPAF. Complete sections 1-4. **In accordance with ARP 15.40, the Computer & Data Security training must be completed before access will be granted. The online training can be found by logging on to trainingcentral.nmsu.edu. Scan and e-mail the completed form to security_admin@nmsu.edu, or fax to 8 646-2699 (fax must be dialed as 8 646-2699 even if on campus).**

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)

