



## EPAF Employee Access Form

LU ID#: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Please choose access (type or print "X" in box):

• Creator Access

• Approver Access

VP/Dean (type/print name): \_\_\_\_\_

VP/Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Once signed, please send completed form to [budget@lamar.edu](mailto:budget@lamar.edu) for processing.  
Please allow 48hrs for processing.\**