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 for processing. Please allow 48hrs for processing.

**An EPAF training class must be completed within 3 months of gaining EPAF access.