

e-PAF Hiring Manager Access Form

The purpose of this form is to grant hiring manager rights to those supervisor/manager who will be responsible for overseeing, monitoring and approving e-pafs. Your confidential discretion is strongly advised. Please complete form and submit to HRIS: HR-Payroll-Processing@luc.edu. Please allow 48-72 hours for processing.

Hiring Manager Name:

Hiring Manager Job Title:

Hiring Manager Signature:

Employee ID:

Employee Email:

Is this hiring manager replacing another?

Yes

No

If yes, name of old approver:

Work Location No:

Replace Existing Access

Append to Existing Access

**If your department is not listed, please choose "OTHER", print the form and manually write in your department code.*

Supervisor Name:

Supervisor Signature:

**By signing this form you agree in taking full accountability and responsibility in approving e-pafs in a timely manner.*