Adjunct Employee Management System
Role Designation

Please check one

☐ **NEW** ☐ **CHANGE** ☐ **REMOVE**

DATE _____

NET ID_____ DEPARTMENT_____

DEPARTMENT ROLE WILL BE ISSUED IN (if different than above)
_____

LAST NAME_____ FIRST NAME_____

TITLE_____

FUNCTIONS THAT YOU WILL PERFORM (PLEASE CHECK ROLE):

Timekeeper: Select this role if you will enter or review employee timesheets. _____

PAF Creator: Select this role if you will be creating, revising, modifying, or separating appointments in this system. _____

PAF Approver (Department Level): Select this role if you will be approving appointments and/or timesheets in this system. _____

APPLICANT'S SIGNATURE _____

_____

If this form is for anyone other than the appointed Department Chair, this form must be authorized by your supervisor.

NAME: _____
LAST NAME FIRST NAME

SIGNATURE: _____

TITLE: _____

DATE: _____