

Central Square Security Request Form

Department Name _____

PO INPUT CLERKS:

Please list employees that you would like to have the ability to enter Purchase Requests:

Name:

Email Address:

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

PR Approvers

Please Indicate Employees that are to Approve Purchase Requests:

No employee shall approve a PR that they have entered.

Note: The person first on the list will be receiving an email notification.

Name:

Email Address:

Primary	_____	_____
Secondary	_____	_____
Third	_____	_____
Fourth	_____	_____

PAF Input Clerks

Please Indicate Employees that are to Input Personal Action Forms:

This will be used for Merits, Promotions, Demotions and Terminations

Name:

Email Address:

Primary	_____	_____
Secondary	_____	_____
Third	_____	_____

PAF Approvers

Please Indicate Employees that are to Approve Personal Action Forms:

These employees must be authorized to sign Payroll and PS2 forms.

This will be used for Merits, Promotions, Demotions and Terminations

Name:

Email Address:

Primary	_____	_____
Secondary	_____	_____
Third	_____	_____

Authorized By: _____ Signature: _____

PLEASE RETURN TO THE AUDITOR-CONTROLLERS OFFICE