

HRSEXT

SECURITY AUTHORIZATION FORM

I authorize _____, (VAX Username _____)

(SSN) _____ access to HRSEXT for the following applications:

Labels (All Employees)

Departmental Leave Status Report. Please indicate the account number of the departments to which access is authorized (maximum of 10 departments):

--	--

Annual Salary Report. Please indicate the account number of the departments to which access is authorized (maximum of 10 departments):

--	--

I understand that the person to whom I authorize access must have a valid account on the VAX Administrative System and that reports or labels printed from HRSEXT will be charged to my account in accordance with current institution policy.

Department Chair/Head

Department Name

APPROVED:

HRS Coordinator: _____

Date: _____