

# University of Mississippi

Office of Human Services

## E-Form Access Request

Fill out the form, then print, sign and send it via Campus Mail to Regina Johnson in HR

Requestor:

Date(mm/dd/yyyy)

Web Application

Grant Access

Remove Access

List Personnel Numbers  
and Names of Delegates:

Personnel Number and  
Name of Delegator:

Requested by: \_\_\_\_\_  
(Departmental Signatory Officer) (Print)

\_\_\_\_\_  
(Signature)

Department: \_\_\_\_\_

By signing this E-Form Access Request form, I am authorizing individual(s) to act on my behalf as a delegate for function(s) as indicated above. I agree to diligently review transactions and respond, if applicable, to e-mail notifications regarding actions initiated on my behalf by such delegate(s) and understand that I am ultimately responsible for these transactions as signatory on the account. Furthermore, if accounts with federal awards are involved, I understand this delegation does not transfer the ultimate responsibility for the functions delineated in 2 CFR 215.21 (b). \_\_\_\_\_ (initial)

Approved by HR: \_\_\_\_\_ Date: \_\_\_\_\_