

## ePAF Training Request Form (Sample Form)

Last Name\*  First Name\*  Middle\*

Department Name\*  Home Dept Number

Campus ID\*  (what is campus ID) hyperlink

Current PeopleSoft HR User  Yes  No

GSU Email Address\*  GSU Phone #\*

Supervisor Contact Name

Supervisor Contact Phone #

Training Requested (Please select at least one alternate date):

	<input type="text" value="Date"/>	<input type="text" value="Time"/>
Choice 1	03/03/08	9:00 am
Choice 2	Mar 04, 2008	10:00 am
Choice 3	April 1, 08	2 pm

ePAF Role\*:  Initiator  Reviewer  Final Approver