

Request for Bear PAF Initiator Access/Proxy or Approver Set-up

Name: _____

BearPass: _____

Title: _____

Department: _____

Initiator: Approver: Proxy:

Additional Comments: _____

HR use only

10 20 30

Proxy For

Name: _____

BearPass: _____

Title: _____

Department: _____

Proxy begin date: _____ Proxy end date: _____

Additional Comments: _____

❖ Send completed form to HRRecords@missouristate.edu