

EL PASO COUNTY AUDITOR

Munis System Access Change Form

Information

Fill in information for employee requiring access.

Date:

First Name: Last Name:

Department: Division:

Email:

Telephone:

Access Requested

Please fill in the COPY USER field or select from the checkboxes below.

Copy User:

Requisitions/Purchasing Budget

HR/Personnel Other

Please provide additional details below:

Department Approvals

Only requests with proper approvals will be processed.

Department Head Name:

Department Head Signature:

AUDITOR USE ONLY

Processed by: Date:

Notes: