**Instructions: The form below must be completed prior to an organization being activated in the *eLAS* system. Include all organizations to be assigned to one *eLAS* Org Admin Designee.**

**Form will not be accepted without an authorized departmental signature.**

**EMAIL COMPLETED FORM TO:** **HReLAS@UAB.EDU** **or print and fax to:**

**975-6344.**

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| --- | --- | --- |
| Organization Number and Name | ***eLAS*** Org Admin Designee/Blazer ID | Authorized Departmental Signature/Title |
| 114302000 HRM Data Systems  | Kim Aaron/kaaron | Department Head Signature |
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