

**MAGIC Employee Central (EC) Workflow Approver Request Form**

Master Agency Number:		Master Agency Name:	
Sub-Agency Number:		Sub-Agency Name:	
<b>Agency Contact Information</b>			
Name:		Phone Number:	
Email:			
<b>Approver Information:</b>			
Full Name (as indicated in the system):			
User Name/PERNR (8 digit code in system):		Approver Position Number (8 character code system):	

Request Type:

Add

Change

Delete

Select the level of workflow approval needed for the desired area(s) below:

**Personnel Actions (Hire, Separation, Data Change, Transfer, Compensation Change):**Regular Employee:  X Level 1 (EAY1)  X Level 2 (EAY2)  X Level 3 (EAY3)Worker with Contract:  X Level 1 (CAY1)  X Level 2 (CAY2)Worker:  X Level 1 (WAY1)  X Level 2 (WAY2)**Position Management:**Regular Employee:  X Level 1 (PAY1)  X Level 2 (PAY2)  X Level 3 (PAY3)

Comments:			
Agency Security Contact Name:			
Contact Email:			
Agency Security Contact Signature:		Date:	

**Submit completed form to [mash@dfa.ms.gov](mailto:mash@dfa.ms.gov)**