



HR Supplemental Access Request Form

Employee Self-Service is assigned to all employees with a valid FSUID. You do not have to complete a Supplemental Access Request form for Employee Self-Service. The Supplemental Access Request Form is required for T&L group security, Adding/Changing Department Reps and/or Managers etc.

Fax the completed form to Human Resources at 645-9510.

REQUIRED ACTION(S):

(Complete the sections as indicated; ALL ACTIONS REQUIRE COMPLETION OF ENTIRE SECOND PAGE)

- Add (Sec A and B)
 Change (Sec A or B)
 Terminate (Sec A, B, C)
 Transfer to Dept No (Sec A, B)
 Change Dept Mgr and/or Dept Rep for this Dept ID (Sec B, D)

A. EMPLOYEE INFORMATION:

Last Name: _____ First Name: _____ MI: _____

FSUID: _____ OMNI Empl ID: _____ Email: _____ Phone #: _____

B. DEPARTMENT INFORMATION:

OMNI Dept Number: _____	OMNI Dept Name: _____
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C. DEACTIVATE CURRENT USER:

Last Name: _____ First Name: _____ FSUID: _____ OMNI Empl ID: _____

D. CHANGE/ADD DEPARTMENT MANAGER AND/OR DEPARTMENT REP IN OMNI:

(The Department Manager CANNOT be the same person as the Department Rep)

Department Manager Last Name: _____ First Name: _____ OMNI Empl ID: _____

Department Rep Last Name: _____ First Name: _____ OMNI Empl ID: _____

E. COMPLETE THE FOLLOWING FOR ALL REQUESTS:

EMPLOYEE ACKNOWLEDGEMENT: I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to the Florida State University and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling security violations. Further, I agree to protect my User ID and related passwords from unauthorized use at all times and understand that activity logged to my User ID is my responsibility. **I ACKNOWLEDGE MISUSE OF THIS AUTHORITY COULD LEAD TO DISCIPLINARY OR CRIMINAL ACTION.** Note: Dean/Director/Department Head or designee approval is required.

Employee Name Printed: _____ Employee Signature: _____ Date: _____

F. IDENTIFY THE INDIVIDUAL COMPLETING THIS FORM:

Employee Name: _____ Phone Number: _____ Date: _____

G. DEPARTMENT AUTHORIZATION:

Authorizing Name Printed: _____ Authorizing Signature: _____

Title/Position: _____ Date: _____

H. Time and Labor Group Security:

****You must have the FSU_SS_MANAGER role in order to utilize Time and Labor Security Groups. This role can be requested in OMNI HR > eORR – Online Role Request****

SECTION 1 – NEW GROUP FOR A NEW TIME AND LABOR REPRESENTATIVE

TL Rep Name: _____

OMNI Department ID(6 digits): _____ Department Name: _____

Email: _____ Phone: _____

SECTION 2 – DELETE GROUP

Group Number and Description: _____

OMNI Department ID(6 digits): _____ Department Name: _____

Requested By: _____

Reason for Deletion: _____

Security Office Only

Done By: _____

Date Approved: _____

Comments: _____