



OMNI HR ACCESS REQUEST FORM

Access to Employee Self Service in OMNI is assigned to all employees with a valid FSUID. You DO NOT have to complete an OMNI HR Access Request Form for Employee Self Service only. This form should only be used for requests that cannot be handled via the OMNI eORR security request module. These requests are courtesy appointments, users who need security roles that are defined as mutually exclusive in the eORR module and employees whose supervisor's position and supervisor's supervisor position are both vacant. **It is the responsibility of the requestor/individual filling out this form to fill out and obtain all necessary signatures prior to faxing the form to the OMNI Security Team at 645-9518.**

INCOMPLETE FORMS WILL NOT BE PROCESSED

For OMNI log in instructions, go to <http://erp.fsu.edu/FirstTimeUser.cfm>.

INDICATE WHY THE OMNI eORR MODULE WAS NOT USED FOR THIS REQUEST:

Courtesy Appointment Both Supervisor and Supervisor's Supervisor Position are Vacant

Mutually Exclusive Roles Other: _____

ACCESS REQUESTED FOR:

Last Name: _____ First Name: _____ MI: _____

FSUID: _____ Email: _____ Phone #: _____

Dept. Name: _____ Fax #: _____

REQUIRED ACTION:

Add

Delete

Deactivate

ACCESS REQUESTED: Please check the box or boxes below for each role that is being requested. (Note: the sections containing Authorizing Name Printed and Authorizing Signature are reserved for Central Office approval. Employees and/or their supervisor should NOT fill out these fields)

Benefits:

Requests for Benefits (BN) roles must be faxed to and approved by Michelle Gardner (645-9510) prior to being faxed to OMNI Security

<input type="checkbox"/> BN Leave Accrual Update	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> BN Leave Entry	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> BN On Demand	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> BN Retire-INS Entry	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> BN RGA Entry	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> BN View	Authorizing Name Printed: _____ Authorizing Signature: _____

Human Resources:

Requests for Human Resources (HR) roles must be faxed to and approved by Michelle Gardner (645-9510) with the exception of one role, HR Tenure which must be faxed to Drew Meehan or Phaedra Harris (645-9510) prior to being faxed to OMNI Security

<input type="checkbox"/> HR Advance Data Entry	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Classification	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Core View	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Correction	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Cost Center Report	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Department User	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Labor Relations	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR ODEC Reports	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR Power User	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> HR PR Query Scheduler	Authorizing Name Printed: _____ Authorizing Signature: _____
Requests for this role must be faxed to Drew Meehan or Phaedra Harris 645-9510 <input type="checkbox"/> HR Tenure	Authorizing Name Printed: _____ Authorizing Signature: _____

<input type="checkbox"/> HR Update PI	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Manager	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Recruiter	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Recruiting Approver	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS VP Approver	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS View EPAF	Authorizing Name Printed: _____ Authorizing Signature: _____
Payroll: Requests for Payroll (PR) roles must be faxed to and approved by Beverly Miller (644-9403) prior to being faxed to OMNI Security	
<input type="checkbox"/> PR Accounting	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR Deductions	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR Department User	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR HR Benefits	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR HR Comp	Authorizing Name Printed: _____ Authorizing Signature: _____

<input type="checkbox"/> PR Legal	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR Manager	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR Operations	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PR Sponsored Research	Authorizing Name Printed: _____ Authorizing Signature: _____
Work Flow: Requests for Work Flow roles must be faxed to and approved by Michelle Gardner (645-9510) prior to being faxed to OMNI Security	
<input type="checkbox"/> SS Additional Approver	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Class	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Comp Admin	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Comp Faculty	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Comp NRA	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Comp Wks	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> SS Salaried Terms	Authorizing Name Printed: _____ Authorizing Signature: _____

Time and Labor:

Requests for Time and Labor (TL) roles must be faxed to and approved by Michelle Gardner (645-9510) prior to being faxed to OMNI Security

<input type="checkbox"/> TL Comp	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> TL Facilities	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> TL Kronos	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> TL Power User	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> TL PR HR View	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> TL Ringling	Authorizing Name Printed: _____ Authorizing Signature: _____

Miscellaneous Security Roles:

Requests for any of the roles listed below must be faxed to and approved by Michelle Gardner (645-9510) prior to being faxed to OMNI Security

<input type="checkbox"/> Dept Rep Update Owner	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Dept Time Admin All	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> EmplID Change Delete	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Mail Codes	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> View HR Labor Relations	Authorizing Name Printed: _____ Authorizing Signature: _____

EMPLOYEE ACKNOWLEDGEMENT: In requesting these roles, more specifically defined as a right to perform certain business functions within the OMNI ERP system, I hereby affirm that each role is necessary for me to conduct official business for Florida State University. I acknowledge that I occupy a position of special trust with duties that require bringing me into contact with information or information resources that are of value to the State University System and that require protection. I further acknowledge that I am required to uphold University 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 such policies or procedures to my supervisor, the Information Security Manager, or other person designated the responsibility for handling security violations. I further agree to protect my User ID and related password from unauthorized use at all times and understand that activity logged to my User ID is my sole responsibility. **I ACKNOWLEDGE THAT MISUSE OF MY AUTHORITY IN THIS ROLE COULD LEAD TO DISCIPLINARY OR CRIMINAL ACTION AGAINST ME.**

Note: Dean/Director/Department Head or designee approval is required.

Employee Name Printed: _____ **Employee Signature:** _____

Title/Position: _____ **Date:** _____

Authorizing Name Printed: _____ **Authorizing Signature:** _____

Title/Position: _____ **Date:** _____

Authorizing Email: _____ **Authorizing Phone:** _____

OMNI Security Office Only

Approved By: _____

Date Approval: _____

Comments: _____

Revised April 22, 2008
