OMNI 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 Access Request Form for Employee Self Service. 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 or employees whose supervisor's position <u>and</u> 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.

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

☐ **Courtesy Appointment**

☐ **Mutually Exclusive Roles**

☐ **Both Supervisor and Supervisor's Supervisor Positions are Vacant**

ACCESS REQUESTED FOR:

Last Name: _____ **First Name:** _____ **MI:** _____

FSUID: _____ **Email:** _____ **Phone:** _____

Dept. Name: _____ **Fax:** _____

REQUIRED ACTION:

Add ☐   **Delete** ☐   **Deactivate** ☐

ACCESS REQUESTED:

Role Name: _____

Role Approver Name Printed: _____

Role Approver Signature: _____

Role Name: _____

Role Approver Name Printed: _____

Role Approver Signature: _____

Role Name: _____

Role Approver Name Printed: _____

Role Approver Signature: _____

Role Name: _____

Role Approver Name Printed: _____

Role Approver 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 SIGNATURE:

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

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

DEAN/DIRECTOR/DEPARTMENT HEAD/DESIGNEE SIGNATURE:

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

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

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

OMNI SECURITY OFFICE ONLY

Approved By:_____

Date Approved: _____

Comments:_____