



FLORIDA STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES

282 Champions Way
PO Box 3062410
Tallahassee, FL 32306-2410
Phone: (850) 644-1449
Fax: (850) 645-9510

HR DEPARTMENT TABLE UPDATE FORM

Please complete this form to update the HR Department Representative and/or the HR Department Manager for your department.
The Department Information, Acknowledgement and Department Authorization sections are required.
Please submit the form to Sue Andres at sandres@fsu.edu for approval and processing.

DEPARTMENT INFORMATION	
Department Name: _____	Department Number: _____
Initiator Name: _____	Initiator Phone/E-mail: _____

UPDATE MANAGER TYPE	
<i>The Department Representative and Department Manager cannot be the same employee.</i>	
<u>HR Department Representative</u>	Effective Date: _____
Name: _____	Employee ID: _____
<u>HR Department Manager</u>	Effective Date: _____
Name: _____	Employee ID: _____

COMMENTS/JUSTIFICATION FOR REQUEST

DEPARTMENT REPRESENTATIVE/MANAGER ACKNOWLEDGMENT & DEPARTMENT AUTHORIZATION:			
<p>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.</p>			
_____	_____	_____	_____
HR Department Representative Signature	Date	HR Department Manager Signature	Date
_____	_____	_____	_____
Dean/Director/Department Head Name (Print)	Dean/Director/Department Head Signature	Dean/Director/Department Head Signature	Date

HR APPROVAL & PROCESSING	
_____	_____
HR Security Administrator/Designee Signature	Date