



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
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TIME APPROVAL GROUP SECURITY REQUEST

Please complete this form to create a new time approval group, modify an existing group or inactivate a group. In order to use a Time Approval Group, the user must also be assigned the FSU_SS_MANAGER role. This role can be requested in OMNI HR via Electronic Online Role Request (eORR). The form should only be submitted for **one employee** and their group. **Supervisors do not need to submit this form to view or access direct reports and are automatically assigned FSU_SS_MANAGER by the system.** All sections of the form must be completed.

Please submit the form to Sue Andres at sandres@fsu.edu for approval and processing.

EMPLOYEE & DEPARTMENT INFO

Employee Name: _____ Effective Date: _____
 Employee ID: _____ Time Reporter Group ID (if already exist): _____
 Department Name: _____ Department Number: _____
 Initiator Name: _____ Initiator Phone/E-Mail: _____

TYPE OF REQUEST

Indicate by checking the appropriate box and completing the necessary information for that type of request.

Create New Group (new reps/if no group exist) **Modify Existing Group** **Inactivate Group** (access no longer needed)

Does the employee above need access to approve time for an entire department? Please list Department IDs below:

Does the employee above need access to approve time for a specific supervisor? Please provide the supervisor's information below:

Supervisor Name: _____ Employee ID: _____ Position Number: _____
 Supervisor Name: _____ Employee ID: _____ Position Number: _____

COMMENTS/JUSTIFICATION FOR REQUEST

EMPLOYEE ACKNOWLEDGEMENT & DEPARTMENT AUTHORIZATION:

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 Signature	Date	Initiator Signature	Date
Dean/Director/Department Head Name (Print)		Dean/Director/Department Head Signature	Date

HR APPROVAL & PROCESSING

HR Security Administrator/Designee Signature	Date
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