

**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 Stephanie Saltos at [ssaltos@fsu.edu](mailto:ssaltos@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