



OMNI FINANCIALS 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 FI 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 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 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)

Asset Management:

Requests for Asset Management (AM) roles must be faxed to and approved by either Alvaro Bernal or Julie Bickford (644-6201) prior to being faxed to OMNI Security

<input type="checkbox"/> AM Acquisitions	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AM Inventory	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AM Locations	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AM Supervisor	Authorizing Name Printed: _____ Authorizing Signature: _____

Accounts Payable:

Requests for Accounts Payable (AP) roles must be faxed to and approved by Dawn Snyder (644-8137) prior to being faxed to OMNI Security

<input type="checkbox"/> AP Doc Map	Authorizing Name Printed: _____ Authorizing Signature: _____
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<input type="checkbox"/> AP Express Checks	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AP Pay Cycle	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AP Supervisors	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AP VFMT	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AP VFMT User	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AP User	Authorizing Name Printed: _____ Authorizing Signature: _____
AR Billing: Requests for AR Billing roles must be faxed to and approved by either Glenn Scanlan or Alvaro Bernal (644-6201) prior to being faxed to OMNI Security	
<input type="checkbox"/> AR Manager	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> AR Supervisor	Authorizing Name Printed: _____ Authorizing Signature: _____
Banking: Requests for Banking roles must be faxed to and approved by either Daniel Wussler or Sandra Scanlan (644-6201) prior to being faxed to OMNI Security	
<input type="checkbox"/> Bank Manager	Authorizing Name Printed: _____ Authorizing Signature: _____

<input type="checkbox"/> Bank Reconciler	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Bank Supervisor	Authorizing Name Printed: _____ Authorizing Signature: _____
Budget: Requests for Budget roles must be faxed to and approved by either Cynthia Bookout or Aynalem Markos (644-9622) prior to being faxed to OMNI Security	
<input type="checkbox"/> Budget Analyst	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Budget Coordinator	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Budget Preparer	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Budget Specialist	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> Budget Transfer	Authorizing Name Printed: _____ Authorizing Signature: _____
Capital Projects: Requests for Capital Projects (CP) roles must be faxed to and approved by either Alvaro Bernal or Gretchen McKlowski (644-6201) prior to being faxed to OMNI Security	
<input type="checkbox"/> CP General User	Authorizing Name Printed: _____ Authorizing Signature: _____
General Ledger: Requests for General Ledger (GL) roles must be faxed to and approved by either Alvaro Bernal or Donna Jarriel (644-6201) prior to being faxed to OMNI Security	
<input type="checkbox"/> GL Administrator	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> GL General Accountant	Authorizing Name Printed: _____ Authorizing Signature: _____

<input type="checkbox"/> GL Specialist	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> GL Specialist Post	Authorizing Name Printed: _____ Authorizing Signature: _____
Purchasing: Requests for Purchasing (PO) roles must be faxed to and approved by Tonya Kling (644-8921) with the exception of two roles: PO P-card Admin and PO P-card Proxy should be faxed to Nancy Milburn (644-8921) prior to being faxed to OMNI Security	
<input type="checkbox"/> PO Buyer	Authorizing Name Printed: _____ Authorizing Signature: _____
Requests for this role must be faxed to Nancy Milburn 644-8921 <input type="checkbox"/> PO P-card Admin	Authorizing Name Printed: _____ Authorizing Signature: _____
Requests for this role must be faxed to Nancy Milburn 644-8921 <input type="checkbox"/> PO P-card Proxy	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PO Power Receiver	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PO Receiver	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PO Requester	Authorizing Name Printed: _____ Authorizing Signature: _____
<input type="checkbox"/> PO Requisition Approver	Authorizing Name Printed: _____ Authorizing Signature: _____
Sponsored Programs: Central Office Approvers vary for Sponsored Program roles. The contact information for the Central Office Approver is provided above the check box for each role. Requests for Sponsored Program roles must be faxed to the appropriate Central Office personnel for approval prior to being faxed to OMNI Security	
Requests for this role must be faxed to Roberta McManus 644-1913 <input type="checkbox"/> BI Accountant	Authorizing Name Printed: _____ Authorizing Signature: _____
Requests for this role must be faxed to Glenn Scanlan 644-6201 <input type="checkbox"/> BI All Managers	Authorizing Name Printed: _____ Authorizing Signature: _____

<p>Requests for this role must be faxed to Glen Scanlan 644-6201</p> <p><input type="checkbox"/> BI All Supervisors</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Daniel Wussler 644-6201</p> <p><input type="checkbox"/> BI Bank Manager</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> BI Coordinator</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> BI Manager</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> CO Setup</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> CO Setup Review</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> Final Invoice Review</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Diana Key 644-1464</p> <p><input type="checkbox"/> GM Administrator</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> GM GRARS Manager</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Roberta McManus 644-1913</p> <p><input type="checkbox"/> GM GRARS Specialist</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Requests for this role must be faxed to Diana Key 644-1464</p> <p><input type="checkbox"/> GM Secure Query Tree</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>

<p>Requests for this role must be faxed to Diana Key 644-1464</p> <p><input type="checkbox"/> GM Unlock Proposal</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p>Travel: Requests for Travel roles must be faxed to and approved by Dawn Snyder (644-8137) prior to being faxed to OMNI Security</p>	
<p><input type="checkbox"/> Travel Approver</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p><input type="checkbox"/> Travel Manager</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p><input type="checkbox"/> Travel Pay Manager</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p><input type="checkbox"/> Travel Reassign</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>
<p><input type="checkbox"/> Travel Rep</p>	<p>Authorizing Name Printed: _____</p> <p>Authorizing Signature: _____</p>

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 23, 2008
