



ePAF and RECRUITING ACCESS REQUEST FORM

DEPARTMENTAL USERS

This form is to request access to view ePAF's, job openings, and applicants for multiple departments. All employees are automatically given access to the department they are employed by. **Note:** In addition to this access, a user must also have the correct roles to give access to ePAF and recruiting functions.

Fax the completed form to Human Resources at 645-9510.

REQUIRED ACTION(S):

(Complete the sections as indicated; ALL ACTIONS REQUIRE COMPLETION OF ENTIRE SECOND PAGE)

ePAF: Add Delete

Recruiting: Add Delete

A. EMPLOYEE INFORMATION:

Last Name: _____

First Name: _____

MI: _____

FSUID: _____

OMNI Empl ID: _____

Email: _____

Phone #: _____

B. ADDITIONAL DEPARTMENTS INFORMATION:

OMNI Dept Number: _____

OMNI Dept Name: _____

OMNI Dept Number: _____

OMNI Dept Name: _____

OMNI Dept Number: _____

OMNI Dept Name: _____

OMNI Dept Number: _____

OMNI Dept Name: _____

OMNI Dept Number: _____

OMNI Dept Name: _____

OMNI Dept Number: _____

OMNI Dept Name: _____

OMNI Dept Number: _____

OMNI Dept Name: _____

ADDITIONAL COMMENTS:

COMPLETE THE FOLLOWING FOR ALL REQUESTS:

EMPLOYEE ACKNOWLEDGEMENT: 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 approval is required.

IDENTIFY THE INDIVIDUAL COMPLETING THIS FORM:

Employee Name: _____

Phone Number: _____

Date: _____

SUPERVISOR AUTHORIZATION:

Authorizing Name Printed: _____

Authorizing Signature: _____

Note: Employee's Direct Supervisor approval is required

Title/Position: _____

Date: _____

DEPARTMENT AUTHORIZATION:

Authorizing Name Printed: _____

Authorizing Signature: _____

Note: Dean/Department Head approval is required

Title/Position: _____

Date: _____

HR DIRECTOR AUTHORIZATION:

Authorizing Signature: _____

Note: Assistant VP of HR approval is required

Date: _____

Security Office Only

Completed By: _____

Date Completed: _____

Comments: _____