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|  | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **DEPARTMENT OF HEALTH AND SOCIAL SERVICES**    ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Request for Reports to Change Form**

**Instructions**

* **The eSTAR coordinator must complete and submit the form to HR office:** [**DHSS\_HR\_Inbox@delaware.gov**](mailto:DHSS_HR_Inbox@delaware.gov) **and CC:** [**DHSS\_eStar@delaware.gov**](mailto:DHSS_eStar@delaware.gov)**.** HR will respond via email once the transaction is completed.
* A dot line is determined by HR based on the information provided.

**Change requested by:** Click here to enter text.

**eSTAR Coordinator Approval**

**eSTAR Coordinator:** Click here to enter text. **Date:** Click or tap to enter a date.

**Division/Facility Name:**  Click here to enter text. **Work Phone:** Click here to enter text.

**Effective Date (Must be beginning of a pay period):**

(Please refer to the approval schedule. The prior pay period needs to close before the new manager can see the employee.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Department** | **Org Code** | **Job Title** | **Employee ID** | **Supervises Employees** | **BP #** |
| *Example: John Doe* | *35 01 20 210* | *1000000000* | *Administrative Spec I* | *101010* | *Yes*  *No* | *1234* |
|  |  |  |  |  | Yes  No |  |
|  |  |  |  |  | Yes  No |  |
|  |  |  |  |  | Yes  No |  |

**Reports to Information**

**Reports to Name**: Click here to enter text. **Employee ID #:** Click here to enter text.

**Job Title**: Click here to enter text. **Reports to BP#:** Click here to enter text.

**Is this a permanent change or temporary:** Permanent Temporary

**Reason for temporary change:** Click here to enter text.

(When possible, delegations should be set when managers are going out on leave. If HR processes a temporary change, the eSTAR coordinator must request to change it back.)

**Comments/Additional Information:** Click here to enter text.