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

**Auditor/ Advance Scheduler/ View Only Request**

**Instructions**

* **The eSTAR Coordinator must complete and submit the form to DHSS\_eStar@delaware.gov .** Once the transaction is complete a notice will be sent.
* **User ID is only needed if modifying or removing access.**
* **If this Auditor/Advance Scheduler will be replacing another user don’t forget to remove the old user.**
* **USER MUST SIGN THE CONFIDENTIALITY AGREEMENT ON THE BACK OF THIS FORM and return it with this request.**

**Requested by:** Click here to enter text.

**eSTAR Coordinator Approval**

**eSTAR Coordinator:** Click here to enter text. **Date:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Employee ID** | **Add / Update / Remove** | **Auditor /View Only/ Advanced Scheduler** | **Org. Code(s) / Unit (AS)** | **User ID** |
| *Example: John D. Doe* | *000000* | *Add* | *Auditor* | *3501200116* | *H012JDD* |
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**Reason for request:** Click here to enter text.

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

