

PHRST Security User Form

[SUBMIT FORM HERE](#)

Section 1: Employee Information			
Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete Existing			
User's Name: Last:		First:	M.I.:
			Employee ID#:
User's Email Address:		Phone#:	
Agency's Name:	Department Name:		Department #:
User ID#:	Effective Date:	End Date:	
Duration of Use: <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary			
Section 2: Access Requested			
Human Resources			
<input type="checkbox"/> Display Only Reports (Merit View Only User)		<input type="checkbox"/> Query (Requires HR Approval)	
Benefits			
<input type="checkbox"/> Display Only Reports		<input type="checkbox"/> Benefits Queries (Requires HR Approval)	
Payroll			
<input type="checkbox"/> Display Only Reports (Requires Payroll Approval)		<input type="checkbox"/> Payroll Update (Requires Payroll Approval)	
		<input type="checkbox"/> Payroll Query (Requires Payroll Approval)	
Funding (Earnings Distribution Page)			
<input type="checkbox"/> EDP View Only		<input type="checkbox"/> EDP Updates/Reports	
Technical			
<input type="checkbox"/> DHSS Report Manager Queries (Requires DPH/OMB Approval)			
Section 3: Department Access			
Department#(s):			
Section 4: Business Reasons ***REQUIRED*** (Provide a business reason for requesting access)			
Section 5: Authorization and Approval			
PHRST Confidentiality/Acceptable Use Agreement			
<p>I acknowledge that upon being <i>provided</i> security access to PHRST, I will have access to confidential information pertaining to State of Delaware employees. I agree that I will not disclose or <i>permit</i> disclosure of any confidential information to any other individual except for either the purpose of carrying out the duties of my position <i>or as otherwise permitted or authorized by law</i>. Further, I will take all necessary precautions to prevent the unauthorized use, disclosure or modification of PHRST data and will bring to the <i>immediate</i> attention of my supervisor any situation which <i>does, or might, result in the unauthorized use, disclosure or modification</i> of PHRST data. I understand that any breach of such confidentiality or wrongful <i>or unauthorized use, disclosure or modification of PHRST data</i> may result in disciplinary action <i>against me including, but not limited to</i>, termination of employment.</p> <p>I further understand, if authorized, it is my responsibility to enter only true and accurate information into the PHRST and eSTAR System. Willful entry of inaccurate or wrongful information into the system constitutes fraud. If I am found to have engaged in fraudulent activity, I understand that I am subject <i>to having disciplinary action taken against me by the State of Delaware including, but not limited to, dismissal and/or criminal prosecution.</i></p>			
User's Signature:		Date:	
Supervisor's Signature:		Date:	
Data Steward's Signature:		Date:	