*STATE OF RHODE ISLAND*

**DEPARTMENT OF ADMINISTRATION**

Office of Accounts and Control

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# STATE TIME AND ATTENDANCE REPORTING SYSTEM (STARS)

### ACCESS FORM

Department/Agency:

 Add (New Person)

 Add Accounts

 Change

 Change Accounts

 Delete

 Password Audit

Please completely fill out this form. Any form not correctly completed will be returned, and a new form will have to be submitted.

Street Address:

City/State/Zip

Employee Name:

Employee SSN:

Employee Payroll Number :

Employee Telephone Number:

Employee E-mail address

EP01 User Terminal: (4-character user ID that is / will be used to access EP01; note: may
be same as or different from Terminal Id, next line. ex: PL01. Please
do not write in user passwords on this form)

Terminal Identification: (To find your ID: clear the screen, type CSFR; ID is on the third line;
ex: PLPD)

Printer Identification: (4 characters – ex: PLP1)

STARS Time & Attendance System ACCESS REQUESTED: INQUIRY ACCESS ONLY **[ ]** Yes

 -OR- UPDATE ACCESS **[ ]** Yes

**PAYROLL (12-DIGITS) ACCOUNTS AUTHORIZED TO ACCESS:**

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## Type or Print Name of Authorized Agent Signature of Authorized Agent

Please return completed form(s) via Interoffice mail for certification to:
 **1 Capitol Hill
 2nd Fl. C/O: Lisa Mannix**