**DHS INTERNET PORTAL USER APPLICATION FOR SEE EMPLOYERS**

Reason for Request

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Add new user. Effective Date: |       |  [ ]  Delete account. Effective Date: |       |
| [ ]  Lock user account. Effective Date |       |  [ ]  Unlock user account. Effective Date: |       |

|  |  |
| --- | --- |
| Business Name:  |       |
| *(Print)* |
| DBA (If Applicable): |       |
| Name of Individual Requiring Access: |       |

 *(Assigned Account Administrator) (Print) Last, First, MI*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Title: |       |  | Phone Number: |       |

|  |  |
| --- | --- |
| E-mail address: |       |

Username Preference:

* No personal names
* Minimum of 4 characters and maximum of 30 characters
* First character cannot be a symbol or number
* Letters, numbers and only the following characters “**-**“ “**\_**” “**.**” and “**@**” are acceptable
* Use generic username *(see examples below)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  *E*xamples: | *Business Name is…* | *Honolulu Zoo* | *Recommended username:* | *HonZoo@96815* |
|  |
|  |  | *Waikiki Aquarium* | *Recommended username:* | *WaikikiAqua808* |
| *List 1st and 2nd choices* |
|  |
|       |
|  |
|       |

*By my signature below, I acknowledge that I have read, understand and agree to all the terms and conditions stated in DHS 848, “DHS Portal Terms and Conditions, Employer Payment Agreement”, and wish to be granted access to the DHS Internet Portal.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Administrator: |  |  | Date: |  |
|  |

**To Be Completed by SEE when requesting to lock, unlock or delete portal account**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of SEE Staff: |  |  Date Notified ETPO: |  |
|  |

**To Be Completed by DHS/ETPO**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROVIDER ID #:** |       |  | **SERVICE ID #:** |       |  | User Request: | **[ ]  Approved** | **[ ]  Denied** |
| Reason for Denial: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Approved by: |       |  |  Date: |       |

*(Print Name)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date notified OIT of request: |       |  |  Date Portal User Notified: |       |
| Date OIT completed request: |       |  |   Signature of ETPO staff: |  |

**Return form to BESSD/ETPO for filing**