ORM Data Liaison User ID Application / Change Form

Agency Name _____

ORM Use Only:
Date Received
Approved / Denied
ID Assigned
ID Assigned Date
Tested
User Notified

ORM Data Liaisons may be responsible for the following:

- ► Entering incidents into STARS claims management system
- ► Running claims information reports (i.e. Leave Buy Back, Claims Loss Listing)
- ► Completing safety self-audit for Loss Prevention using STARS Audit
- ► Reporting exposure data for premium development *(not yet available)*

I. Liaison Information *(please complete a separate sheet for each individual)*

Application Date: _____

First Name		**Rights Requested:** (Check all that apply)
Last Name		☐ **Incident Reporting** (STARS) *
Title		☐ **Run reports on agency claims** (STARS) *
Email Address		☐ **Safety self-audit** (STARS Audit) *
Phone number		☐ **Exposure reporting** *(not yet available)*

* Please note that STARS and STARS-Audit are separate systems. You will receive unique IDs for each system if rights for both are requested.

Existing STARS ID:	☐ **Deactivate ID**	☐ **Location Change**

II. Agency Information:

Please list below the location code(s) and name(s) of each agency the ORM Data Liaison will represent. *(Continue on back of page if needed.)*

Location Code	Agency Name	Location Code	Agency Name

III. Authorization: *(appointment of ORM Data Liaison must be approved by your agency's appointing authority)*

"I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Office of Risk Management within one working day of the employee's change in status."

Name:		**Phone:**	
Title:		**Date:**	
Signature:			

Mail completed forms to Office of Risk Management, P.O. Box 91106, Baton Rouge, LA 70821-9106 – Attn: IT SysAdmin, or fax to (225) 342-8473 – Attn: IT SysAdmin

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