



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF LEARNING SERVICES - OFFICE OF DATA SYSTEM MANAGEMENT

**WEB SYSTEMS USER ID REQUEST – SHELTERED WORKSHOPS**

SHELTERED WORKSHOP NAME

COUNTY-DISTRICT OR AGENCY CODE

**INSTRUCTIONS**

Only the Department of Elementary and Secondary Education (Department) can process an application for a Sheltered Workshop role. Provide the workshop name and code number, the first and last name, date of birth, mother's maiden name, and email address for the staff member(s) being added to or removed from the workshop's Web Applications list. This information is necessary to process the application, and to verify the individual's identity if problems arise.

Only one Authorized Representative role per workshop is expected. The workshop may wish to keep copies of these forms for their records. **This form must be submitted to the Department for processing.** Fax this form (with the appropriate signatures) to (573) 526-5946 or email to [sesw@dese.mo.gov](mailto:sesw@dese.mo.gov).

Questions: Contact Special Education Sheltered Workshops at (573) 751-0622 or email [sesw@dese.mo.gov](mailto:sesw@dese.mo.gov).

**SHELTERED WORKSHOP ROLES**

**Sheltered Workshop (SW) Data Entry**

This person will be able to:  
 •Enter monthly time sheet information for employees  
 •Change employee information

**Sheltered Workshop (SW) Manager**

This person will be able to:  
 •The same two (2) functions as SW Data Entry  
 •Approve/Submit monthly time sheet information for the workshop  
 •Hire applicants to the workshop  
 •Transfer, reinstate, or terminate employees to the workshop

**INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED - SW DATA ENTRY**

FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE

**INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED - SW DATA ENTRY**

FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE

**INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED - SW MANAGER**

FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE

**INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED - SW MANAGER**

FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE

**ASSURANCES**

The superintendent/authorized representative assures the Department of Elementary and Secondary Education (Department) that through the administration of the User Manager System the educational entity shall:

1. Monitor User IDs provided, as they will serve as the electronic signatures of the appropriate staff for all documents requiring signatures;
2. Keep such records and provide such information as may be necessary for the fiscal program auditing and for program evaluation, provide the Department any information it may need to carry out its responsibilities under the programs; and
3. Adhere to the requirements of the applicable state and federal statutes and regulations, the state rules governing the programs, and all other applicable statutes.

The superintendent/authorized representative understands the assurances and the responsibility for compliance place upon the individual receiving a User ID and password through the User Manager System.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE	PHONE NUMBER	DATE
PRINTED NAME OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).