

## EBT Separation of Duties Waiver Notice

This form is to be completed and approved by the EBT regional coordinator for each user that has a High Risk access as defined in Section 3200 of the Lone Star *Security and Accountability Handbook* (SAH). This form must be updated for each such user, not less than annually. Complete it and keep the signed original. E-mail the completed form to EBT Program Operations ([rosie.young@hhsc.state.tx.us](mailto:rosie.young@hhsc.state.tx.us)).

Employee Full Name	
Employee ID	EBT Logon ID
Region	Employee Work Schedule
Employee Signature	Date
Regional Coordinator Full Name	Phone
Regional Coordinator Signature	Date

**Lone Star *Security and Accountability Handbook* Section 3000 for the above listed employee has been approved. The employee is required to have High Risk access as defined in Section 3200. The High Risk identifiers are checked in the boxes below.**

The reason for this requirement is:

Put an X in the High Risk boxes that apply to this user.  
See the table in Section 3200 of the SAH (below) for reference.

TW staff with:	TIERS Permissions	
	Advisor	Clerk
EBT Inquiry only	Low Risk	Low Risk
EBT Issuance/update	<b>High Risk</b>	Low Risk
EBT Inquiry and split/merge only	Low Risk	Low Risk
EBT issuance, update and split/merge	<b>High Risk</b>	<b>High Risk</b>