

INTEGRATED STATEWIDE INFORMATION SYSTEMS

ISIS SECURITY ADMINISTRATOR

SETUP/CHANGE FORM

Agency Number: _____ **Dept/Agency Name:** _____

ISIS Security Administrator Name: _____

Title: _____ **Personnel Number:** _____

E-mail Address: _____ **Telephone Number:** _____

AGENCY(S) RESPONSIBLE FOR:

AGENCY #	AGENCY NAME	PRIMARY	ALTERNATE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Authorization (Undersecretary or Appointing Authority)

Name: _____ **Telephone:** _____
(Please Print)

Signature: _____ **Date:** _____

For information concerning submission of completed forms: <http://wwwprd.doa.louisiana.gov/laGov/misc/submission.htm>

OIS Use Only:

	Position No.	Employee No.	ZP200	ERP role	Remedy ID	Email sent	Other
Prev Admin							
New Admin							