

ISF043  
C 8/31/98  
R 3/16

**INTEGRATED STATEWIDE INFORMATION SYSTEMS  
ISIS SECURITY ADMINISTRATOR  
SETUP/CHANGE FORM**

Agency Number: \_\_\_\_\_ Dept/Agency Name: \_\_\_\_\_

ISIS Security Administrator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Personnel Number: \_\_\_\_\_ Remedy Userid (If assigned): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**AGENCY(S) RESPONSIBLE FOR:**

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(Please Print)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed forms to [DOA-OTS-SYSADMIN@la.gov](mailto:DOA-OTS-SYSADMIN@la.gov) or FAX to 225-342-0902.