

LaGov ERP
HUMAN CAPITAL MANAGEMENT (HCM) SECURITY ADMINISTRATOR
SETUP/CHANGE FORM

Agency Number: Dept/Agency Name:

HCM Security Administrator Name :

Title:

Personnel Number: Remedy Userid (If assigned):
(or External Person-"H"number)

E-mail Address: Telephone Number:

HCM Security Admin: Primary
Alternate

Note: Authorizes contact to sign the agency copy and submit the electronic version of security related forms to OIS for processing.

AGENCY(S) / PERSONNEL AREA(S) RESPONSIBLE FOR: (List each agency / personnel area for HCM role selected above)

Grid of horizontal lines for listing agencies and personnel areas.

Authorization (Undersecretary or Appointing Authority)

Name: Telephone:

Signature: Date:

For information concerning submission of completed forms:
http://www.prd.doa.louisiana.gov/laGov/misc/submission.htm

OIS Use Only:

Table with 8 columns: Position No., Employee No., ZP200, ERP role, Remedy ID, Email sent, Other. Rows for Prev Admin and New Admin.