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
(Select only one) □ 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)

________________________________________________________________________
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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:

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