

LaGov ERP
FINANCIAL & LOGISTICS SECURITY ADMINISTRATOR
SETUP/CHANGE FORM

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

ERP Security Administrator Name : _____

Title: _____

Personnel Number: _____

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

ERP Security Admin: **Primary**
(Select only one) **Alternate**

Note: Authorizes contact to sign the agency copy and submit the forms for processing.

FUNCTIONAL AREA(S) RESPONSIBLE FOR: (Select from the following list by marking the blank next to the choices)

- Finance and Real Estate _____
- Purchasing, Contracts & Inventory _____
- Project Systems _____
- Maintenance Operations _____
- Real Estate – Right of Way (DOTD only) _____
- Waste Tire – DEQ Only _____
- Budget Development _____

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							