FINANCIAL & LOGISTICS SECURITY ADMINISTRATOR
SETUP/CHANGE FORM

Agency Number (s): __________  __________  __________  __________  __________  __________  __________  __________

Dept/Agency Name: __________________________________________

ERP Security Administrator Name: __________________________________

Title: __________________________________________________________

Personnel Number: _____________________________________________

E-mail Address: __________________________  Telephone Number: __________________________

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

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:

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<th>Employee No.</th>
<th>ZP200</th>
<th>ERP role</th>
<th>Remedy ID</th>
<th>Email sent</th>
<th>Other</th>
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