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://wwprd.doa.louisiana.gov/laGov/misc/submission.htm

OIS Use Only:

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<th>ERP role</th>
<th>Remedy ID</th>
<th>Email sent</th>
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