LaGov ERP Statewide Access
SECURITY ADMINISTRATOR SETUP/CHANGE FORM

Agency # _______  □ FPC  □ ORM  □ OSRAP  □ OSP  □ OSUP  □ OSB

PRIMARY Admin Information:  Personnel Number: ______________________

Name: ________________________________
Title: _______________________________  Telephone Number: ______________________
E-mail: ______________________________

ALTERNATE Admin Information:  Personnel Number: ______________________

Name: ________________________________
Title: _______________________________  Telephone Number: ______________________
E-mail: ______________________________

Authorization (Section Head or Assistant Commissioner)

Name: _______________________________  Telephone: ______________________
(Please Print)

Signature: _____________________________  Date: ______________________

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

OTS Use Only:

<table>
<thead>
<tr>
<th>Position No.</th>
<th>Employee No.</th>
<th>ZP200</th>
<th>ERP role</th>
<th>Remedy ID</th>
<th>Email sent</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prev Admin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Admin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>