

LaGov ERP Statewide Access SECURITY ADMINISTRATOR SETUP/CHANGE FORM

Agency # _____ FPC ORM OSRAP OSP OSUP

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: _____
(Please Print)

Telephone: _____

Signature: _____

Date: _____

For information concerning submission of completed forms:
<http://www.prd.doa.louisiana.gov/laGov/misc/submission.htm>

OTS Use Only:

	Position No.	Employee No.	ZP200	ERP role	Remedy ID	Email sent	Other
Prev Admin							
New Admin							