

# LaGov ERP Statewide Access SECURITY ADMINISTRATOR SETUP/CHANGE FORM

Agency # \_\_\_\_\_

☐ FPC   ☐ ORM   ☐ OSRAP   ☐ OSP   ☐ OSUP   ☐ OSB   ☐ OPB

**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:**

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