LSF064
Rev7/15

LaGov – SRM Statewide
FINANCIAL SECURITY ADMINISTRATOR
SETUP/CHANGE FORM

This form designates the LaGov SRM Statewide Security Administrator (Primary and Alternate) for Financial Job functions within LaGov. Receipt of this form authorizes OTS/LaGov to process security requests from either the Primary or Alternate designee. This form must be signed by the Undersecretary or an equivalent position that oversees the Department/Agency's Financial activities.

SRM STWD Financial Security Administrator   PRIMARY

Name: _____   **Personnel #** _____

E-mail: _____   **Telephone Number:** _____

SRM STWD Financial Security Administrator   ALTERNATE

Name: _____   **Personnel #** _____

E-mail: _____   **Telephone Number:** _____

AGENCY(S) RESPONSIBLE FOR:

_____

_____

(List all Business Areas the Primary and Alternate are responsible for.)

Authorization (Undersecretary or Appointing Authority)

Name: _____   **Title:** _____
(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							