

**LaGov ERP**  
**HUMAN CAPITAL MANAGEMENT (HCM) SECURITY ADMINISTRATOR**  
**SETUP/CHANGE FORM**

**Agency Number:** \_\_\_\_\_ **Dept/Agency Name:** \_\_\_\_\_

**HCM Security Administrator Name :** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Personnel Number:** \_\_\_\_\_ **Remedy Userid (If assigned):** \_\_\_\_\_  
(or External Person-"H"number)

**E-mail Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**HCM Security Admin:**          **Primary**  
(Select only one)                **Alternate**

*Note: Authorizes contact to sign the agency copy and submit the electronic version of security related forms to OIS for processing.*

**AGENCY(S) / PERSONNEL AREA(S) RESPONSIBLE FOR:** (List each agency / personnel area for HCM role selected above)


**Authorization (Undersecretary or Appointing Authority)**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For information concerning submission of completed forms:  
<http://www.doa.louisiana.gov/OIS/service/forms/submission.htm>

**OIS Use Only:**

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