

LSF062
Rev12/13

LaGov ERP
FINANCIAL & LOGISTICS SECURITY ADMINISTRATOR
SETUP/CHANGE FORM

Agency Number: _____ Dept/Agency Name: _____

ERP Security Administrator Name : _____

Title: _____

Personnel Number: _____

E-mail Address: _____ Telephone Number: _____

ERP Security Admin: Primary
(Select only one) Alternate

Note: Authorizes contact to sign the agency copy and submit the forms to OIS for processing.

FUNCTIONAL AREA(S) RESPONSIBLE FOR: *(Select from the following list by marking the blank next to the choices)*

Financial	_____	_____
Purchasing, Contracts & Inventory	_____	_____
Project Systems and Real Estate	_____	_____
Maintenance Operations	_____	_____

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							