Instructions for Requesting an ISIS Security ID/BOXI Access

1. The employee needs to complete the Security User ID form for the areas highlighted in yellow and sign the bottom of the form.

2. The supervisor of the employee needs to email Travonda.Brown@la.gov requesting to have a user ID activated for the employee. Please indicate the type of permissions this person requires.

3. If the employee needs BOXI access, the supervisor should include this request on an email and give the employee's name, HR personnel number, phone number and email address.

ISF007

Integrated Statewide Information Systems

REQUEST FOR ISIS USERID-AGPS/CFMS

Current Useric _____ **Home Agcy #** _____

First Name _____ **Last Name** _____ **Work Phone** _____

Title _____ **User's Email** _____ **Agency/Dept. Name** _____

Supervisor's Name _____ **Work Mailing Address** _____

BUNDL Mailcode(s) _____

Action
- ○ New USERID
- ○ New to AGPS/CFI
- ○ Name Change
- ○ Chg. Home Agenc
- ○ Chg. Sec. Groups
- ○ Add BUNDL Code
- ○ Chg. BUNDL Cod
- ○ Del. USERID
- ○ Re-Activate

AFS Inquiry
○ Yes ○ No

Below you will find a list of the available security groups. The number of security groups that are assigned to each user should be limited to only those that are needed to perform his/her assigned duties. Place a check by the ones you will need.

AGPS Groups: ○ ENTR ○ BUYR ○ BIDR ○ RECV ○ INVC ○ PAYR ○ BIDL ○ AADM

CFMS Groups: ○ ENTC ○ PAYC ○ Process Payment ○ XTRA ○ Process Encumbrance | **CFMS Conv. Groups:** ○ CON'

Special Authorizations: ○ APRV/PAPV ○ OPAY ○ MVBL

Optional Permissions: ○ VNDE ○ SECI ○ INQR **eCatalog User:** ○ AGPS Role ○ AGPS Agency Administrator Role

Should you need to call for assistance with your USERID you may be requested to provide your mother's maiden name and/or your father's first name to confirm that you are the USERID's true owner.

Mother's Maiden Name _____ **Father's First Name** _____

(To be completed by Agency Security Administrator or representative of Appointing Authority) I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Division of Administration SIS security administrator within one working day of the employee's change in status.

Agency Security Administrator _____ **SA Phone** _____ **SA Email** _____ SA/Liaison Comments

Agency Liaison _____ **Liaison Phone** _____ **Liaison Email** _____

http://www.doa.louisiana.gov/OIS/Service/Forms/Instructions/isf007-inst.pdf

I understand that my USERID is my personal identification and provides permissions to valuable data and automated resources. My USERID is not to be shared with an other employee. As the owner of a USERID it is my responsibility to protect the resources I have been permitted by protecting the confidentiality of my password. understand that any use of my unique USERID is monitored and that I am accountable for how it is used.

Signature _____ **Date** _____