

## **Instruction 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 [Tracy.Holmes@la.gov](mailto:Tracy.Holmes@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 Userid	<input type="text"/>	Home Agcy #	<input type="text"/>		<b>Action</b> <input type="checkbox"/> New USERID <input type="checkbox"/> New to AGPS/CFI <input type="checkbox"/> Name Change <input type="checkbox"/> Chg. Home Agency <input type="checkbox"/> Chg. Sec. Groups <input type="checkbox"/> Add BUNDL Code <input type="checkbox"/> Chg. BUNDL Cod <input type="checkbox"/> Del. USERID <input type="checkbox"/> Re-Activate	
First Name	<input type="text"/>	Last Name	<input type="text"/>	Work Phone		<input type="text"/>
Title	<input type="text"/>	User's Email	<input type="text"/>	Agency/Dept. Name		<input type="text"/>
Supervisor's Name	<input type="text"/>					
	<input type="text"/>					
BUNDL Mailcode(s)					<b>AFS Inquiry</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="text"/>	Father's First Name	<input type="text"/>
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(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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Liaison	Liaison Phone	Liaison Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<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 another 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. I understand that any use of my unique USERID is monitored and that I am accountable for how it is used.

Signature \_\_\_\_\_ Date \_\_\_\_\_