

**INTEGRATED STATEWIDE INFORMATION SYSTEMS  
ISIS SECURITY ADMINISTRATOR  
SETUP/CHANGE FORM**

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

**ISIS Security Administrator Name:** \_\_\_\_\_

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

**Personnel Number:** \_\_\_\_\_ **Remedy Userid (If assigned):** \_\_\_\_\_

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

**AGENCY(S) RESPONSIBLE FOR:**

AGENCY #	AGENCY NAME	PRIMARY	ALTERNATE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**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							