

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: _____
(Please Print)

Telephone: _____

Signature: _____

Date: _____