

ISF061
C 6/02
R 9/09

**INTEGRATED STATEWIDE INFORMATION SYSTEMS
HUMAN RESOURCES SECURITY ADMINISTRATOR
SETUP/CHANGE FORM**

Agency Number: _____ Dept/Agency Name: _____

HR Security Administrator Name : _____

Title: _____

Personnel Number: _____ Remedy Userid (If assigned): _____

E-mail Address: _____ Telephone Number: _____

HR 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 HR role selected above)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization *(Undersecretary or Appointing Authority)*

Name: _____
(Please Print)

Telephone: _____

Signature: _____

Date: _____