

**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"/>
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Authorization (Undersecretary or Appointing Authority)

Name: _____ **Telephone:** _____
(Please Print)

Signature: _____ **Date:** _____

OTS Use Only:

	Position No.	Employee No.	ZP200	ERP role	Remedy ID	Email sent	Other
Prev Admin							
New Admin							