DCFS Human Resources LaGov HCM
REQUEST FOR POSITION SECURITY

LaGov security access is set up on a position and is then inherited by the employee when he/she is placed in the position. This form must be completed and submitted to the DCFS Human Resources Security Administrator to request security access be established, changed, or removed on a position.

Position Number:		User Name:		Personnel Number:	
Job Title:		E-mail Address:		Phone Number:	

NOTE: All previous authorizations for the position listed will be replaced by the selections indicated herein.

Action Requested:	☐ New ☐ Revise	Start Date:	
	☐ Remove ☐ Temporary Authority (end date required)	End Date:	

LaGov HCM Authorizations

☐ PRIMARY Time Administrator		☐ SECONDARY Time Administrator	
TA Group # (s):		TA Group # (s):	

State Office Human Resources Staff Only

☐ Basic Employee Administration

☐ Enhanced Employee Administration

☐ EA Time Administration

☐ Organizational Management

☐ Retro Authorization

Special Authorizations

☐ Inquiry Only   ☐ Agency Fiscal Staff

Notes/Comments:

AUTHORIZATION TO ASSIGN POSITION SECURITY

I hereby attest that the position named above requires the LaGov HCM access as indicated on this form in order to perform assigned duties and responsibilities. I acknowledge that if any change in position access occurs, I am to immediately complete this form and submit it to the DCFS Human Resources Security Administrator.

Requesting Official Name (printed):		Job Title:	
Requesting Official Signature:		Date:	

I hereby authorize the position named above to be granted LaGov HCM access as indicated on this form.

Appointing Authority Name (printed):		Job Title:	
Appointing Authority Signature:		Date:	

LaGov HCM Security Administrator Use Only

Sec Admin Name: (printed)	E-mail:	Phone #:
Sec Admin Signature:		Date of Completion: