

OJJ REQUEST FOR LAGOV SAP ACCESS

Employee Name: _____ Date Access Needed: _____

Position Number: _____ Personnel Number: _____

Personnel Area: 0403 Work Unit: _____

E-Mail Address: _____ Phone: _____

Type of Access Requested:

Time Administrator / Group Number(s) _____

Financial Reports

Reason the access is needed (primary or back-up time administrator, overtime reporting, etc.):

If primary time administrator, who is back up? _____

If back up time administrator, who is primary? _____

Name of Requestor: _____ Job Title: _____

(Supervisor or Personnel Liaison)

Signature: _____ Date: _____

NOTE: It is recommended that employees complete the below Computer Based Training Courses:

PSS On-Line Payroll Training – Date Completed _____

LaGov HCM Basic Navigation course on LEO – Date Completed _____

LaGov HCM Basics of Time Administration on LEO-Date Completed _____

Security Administrator Use Only:

PSS On-Line Payroll Training Certificate/Quiz rec'd: _____ LaGov HCM Basic

Navigation completed: _____ LaGov HCM Basic of Time Admin. completed: _____

Date LaGov HCM Access Granted: _____ Security Admin initials : _____

Added to TA e-mail list: _____