



## OPH Contractor LaGov Access Request Form

(to be submitted to the OPH HR Manager PRIOR to effective date of action; HR-9, Driver's License and Social Security card must accompany this request)

Bureau Name		Date
Preparer Name	Preparer Title	Preparer Email

### New Contractor ADD Request (complete for new contractor's access)

Contractor Name: \_\_\_\_\_ Org Unit: \_\_\_\_\_ Cost Center: \_\_\_\_\_

Work Domicile Parish: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Supervisor Position Number: \_\_\_\_\_  Supervisor State Employee  Supervisor Contractor

Timekeeper TA Number: \_\_\_\_\_ Timekeeper Name: \_\_\_\_\_

Position to be created by HR  Existing Position Number To Be Used: \_\_\_\_\_

HR-9 Attached  Driver's License Attached  Social Security Card Attached

Existing/Previous LaGov Personnel Number: \_\_\_\_\_

### Contractor DELETE Request (complete when contractor terms from OPH)

Contractor Name: \_\_\_\_\_ Contractor Personnel Number: \_\_\_\_\_

Effective Date of Separation: \_\_\_\_\_

#### FOR HR USE ONLY:

Position Number Created: \_\_\_\_\_ Personnel Number Created: \_\_\_\_\_  Corresponding Docs Attached to Request

### Request Return Reason:

- Corresponding Documentation Not Attached  Missing/Incorrect Org Unit
- Missing/Incorrect Cost Center  Missing Work Domicile  Missing/Incorrect Supervisor Information
- Missing/Incorrect Timekeeper Information  Other: \_\_\_\_\_