



## Florida PALM Separation of Duties (SOD) Conflict Request Form

Complete this form to request approval of a SOD Conflict within Florida PALM. Submit the completed form to [Access2PALM@myfloridacfo.com](mailto:Access2PALM@myfloridacfo.com) for approval from DFS Accounting & Auditing. SOD Conflict exceptions will be granted for 60 days or less.

Security Access Manager Information	
Employee Name:	Position Title:
Employee Position Number:	Agency/Division/Bureau:
Phone Number:	Email Address:

Agency Authorized Approver (Finance and Accounting Office)		
Approver First Name:	Approver Last Name:	Agency/Division/Bureau:
Phone Number:	Email Address:	
Authorizing Approver Signature: _____		

### Separation of Duties:

List the applicable roles creating the SOD conflict and provide justification along with compensating mitigation controls. Attach additional information on how mitigation controls will be handled within your agency for these SOD conflicts, (e.g., procedures, reports). If providing reports, please notate how the agency is using the report.

Review the SOD Policy on the [Accounting & Auditing Website](#) and the Florida PALM Knowledge Center for separation of duty conflicts.

If additional rows are needed for a request, a new form must be filled out and submitted separately for A&A review. Multiple form requests may be attached in a single email.



**Department of Financial Services**  
***Division of Accounting and Auditing***

Separation of Duties		
Conflicting Roles	Justification	Mitigation Controls (e.g., reports, procedures)
Role:		
Role:		
Role:		
Role:		
Role:		
Role:		



**Department of Financial Services**  
***Division of Accounting and Auditing***

Separation of Duties		
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Role:		
Role:		
Role:		
Role:		
Role:		
Role:		



**Department of Financial Services**  
***Division of Accounting and Auditing***

Separation of Duties Determination (DFS A&A use only)	
Approved Conflicts	Denied Conflicts
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
Comment:	
Decision Date:	Expiration Date:
Authorizing Name:	
Authorizing Signature: _____	