



Department of Financial Services
Division of Accounting and Auditing

Florida Integrated Payee System (FLIPS)
Request Payee Access Request Form

This form is to request agency end user access to FLIPS. Access must be approved by the agency's Director of Administration. Once this form has been completed, submit it to the Bureau of Vendor Relations (BVR) for approval.

Part I: Effective Date and Agency	
Effective Date:	
Agency:	

Part II: Employee Information	
Employee First Name	Employee Last Name
Position Title	Division/Bureau
Phone Number	Email Address
Justification for access request:	

Part III: End User Role		
Please check the appropriate box for adding or removing role access.		
Add Access	Remove Access	End User Role Name
Agency End User Roles		
<input type="checkbox"/>	<input type="checkbox"/>	Request Payee
<input type="checkbox"/>	<input type="checkbox"/>	All Payees

Part IV: Employee Attestation	
I understand that this access will give me the ability to view confidential information. I understand that this information cannot be shared and must be handled appropriately for identified business uses only.	
Employee Printed Name	Employee Signature



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Part V: Separation of Duties

Employees with access to FLIPS should not have the ability to process or approve payments. By checking the box below, you are certifying that the employee does not have this separation of duty conflict. If separation of duty conflicts exists, an explanation and compensating controls must be provided in the box below and will need the approval from the DFS Director of Accounting and Auditing.

There is no separation of duty conflicts.

If there are separation of duty conflicts, please list the applicable roles and provide an explanation along with compensating controls. Attach additional information if needed.

Summary:

Part VI: Supervisor Information

Supervisor First Name

Supervisor Last Name

Division/Bureau

Phone Number

Email Address

Supervisor Signature: _____

Director of Administration Name: _____

Director of Administration Signature: _____

Part VII: Separation of Duties Determination (DFS A&A use only)

Approved

Denied

Comment:

Decision Date:

Authorizing Name:



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Authorizing Signature: _____

INSTRUCTIONS

Agencies use this form to request employees be granted access in the FLIPS Portal. Agencies must complete one form per employee. Send the completed form to the Bureau of Vendor Relations, Vendor Management Team, Florida Payee Portal Support email FloridaPayee.portal.support@myfloridacfo.com

Part I: Effective Date and Agency

- Select Type: Add, Change or Remove.
- Effective Date: Provide the date the change should become effective.
- Agency: Provide the name of the agency requesting the update.

Part II: Employee Information

- Employee First Name: Provide the first name of the employee to be granted access.
- Employee Last Name: Provide the last name of the employee to be granted access.
- Position Title: Provide the position title of the employee to be granted access.
- Division/Bureau: Identify the Division or Bureau where the employee works.
- Phone Number / Email Address: Provide current contact information for the employee.
- Justification for Access Request: Briefly explain why this access is needed (e.g., new employee, role change, etc.).

Part III: End User Role

- Check the box(es) to Add or Remove the specific role(s) needed.
- Only select Request Payee role if authorized by your agency in accordance with the established Business Rules.

Part IV: Employee Attestation

- Employees will complete and sign attestation.

Part V: Separation of Duties

- Check the box to certify "There is no separation of duty conflict."
- If a conflict exists, provide an explanation and compensating controls.

Part VI: Supervisor Information

- Supervisor First Name: Provide the first name of the supervisor requesting access.
- Supervisor Last Name: Provide the last name of the supervisor requesting access.
- Division/Bureau: Identify the Division or Bureau where the supervisor works.
- Phone Number / Email Address: Provide current contact information for the supervisor.
- Supervisor Signature: Provide supervisor signature.
- The Director of Administration must approve access requests.

Part VII: Separation of Duties Determination (DFS A&A Use Only)

The section will indicate whether access is Approved or Denied and include the decision date, authorizing name, and signature.