# Instructions:

Complete sections 1, 2, and 3 to **add** a new Security Access Manager (SAM).

Complete sections 1 and 3 to **inactivate** a current SAM.

Complete sections 1, 2, and 3 to **change** a current SAM.

This form must be approved and signed by the agencies Administrative Services Directors or their equivalent and emailed to the Division of Accounting & Auditing at [Access2PALM@myfloridacfo.com](mailto:Access2PALM@myfloridacfo.com)

The SAM must sign this form when adding a new SAM or changing the existing SAM prior to submitting this form.

# Florida PALM Security Access Manager Form

Please complete this form to request and authorize updates to your agency’s Florida PALM Security Access Manager (SAM), and to acknowledge acceptance of SAM responsibilities. This form must be approved by Administrative Services Directors or their equivalent and emailed to the Division of Accounting & Auditing at [Access2PALM@myfloridacfo.com](mailto:Access2PALM@MyFloridaCFO.com). It’s recommended that you keep a copy of this form for your records.

## Section 1 - Request Information

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| --- |
| **1. Security Access Manager Update Type** |
| Add New SAM  Inactivate current SAM  Change current SAM |
| *\*A* *new Security Access Manager must first create a User Profile by logging into using their agency provided user* [*https://fin.flpalm.myfloridacfo.gov/enduser/?realm=FLPALM#/dashboard*](https://fin.flpalm.myfloridacfo.gov/enduser/?realm=FLPALM#/dashboard) *ID and password* |
| Effective Date: Click or tap to enter a date. |
| Agency Name: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **2a. Security Access Manager to be Added** | | |
| Employee First Name:  Click here to enter text. | Employee Middle Initial:  Click here to enter text. | Employee Last Name:  Click here to enter text. |
| Phone Number:  Click here to enter text. | Email Address:  Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **2b. Security Access Manager to be Removed** | | |
| Employee First Name:  Click here to enter text. | Employee Middle Initial:  Click here to enter text. | Employee Last Name:  Click here to enter text. |
| Phone Number:  Click here to enter text. | Email Address:  Click here to enter text. | |

## Section 2 – SAM Acknowledgement

By signing this form, you understand and acknowledge your responsibilities as a SAM related to provisioning, deprovisioning, and assigning Florida PALM end user access roles for your agency. You also verify you have completed all necessary Florida PALM SAM training in the People First LMS.

|  |  |
| --- | --- |
| SAM Signature: |  |
| Date: | Click or tap to enter a date. |
| Date Training Completed: | Click or tap to enter a date. |

## Section 3 – Agency Authorization

By signing this form, you authorize the above designated employee to perform as your agency’s SAM.

|  |  |
| --- | --- |
| **3. Authorizing Administrative Services Director or Equivalent Information** | |
| Director First Name:  Click here to enter text. | Director Last Name:  Click here to enter text. |
| Phone Number:  Click here to enter text. | Email Address:  Click here to enter text. |
| Authorizing Signature: |  |
| Date: Click or tap to enter a date. | |

## Section 4 – Accounting & Auditing Review

|  |  |
| --- | --- |
| Request Approved  Request Denied | |
| Reason for Denial: |  |
| Reviewer Signature: |  |
| Date: | Click or tap to enter a date. |