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 **make updates** to a current SAM.

Complete access registration for the following:

- Florida PALM
- Florida PALM Solution Center Customer Portal
- Florida PALM Access Management Dashboard – Production

This form must be approved and signed by the agency's Administrative Services Director(s) or their equivalent and emailed to the Division of Accounting & Auditing at Access2PALM@myfloridacfo.com.

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

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 the Administrative Services Director(s) or their equivalent and emailed to the Division of Accounting & Auditing at Access2PALM@myfloridacfo.com. It is recommended that you keep a copy of this form for your records.

Section 1 - Request Information

1. Security Access Manager Update Type
☐Add New SAM ☐ Inactivate Current SAM ☐Miscellaneous updates to current SAM (e.g., phone number, email)
*A new SAM must first register a User Profile with **four of the following applications** by logging in using their agency provided user ID and password:* 1. Florida PALM 2. Florida PALM Solution Center Customer Portal 3. Florida PALM Access Management Dashboard - Production ***The access request may be denied by A&A if the SAM has not registered with these applications prior to form submission.***
Effective Date: Click or tap to enter a date.
Agency Name: Click here to enter text.

1a. 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.	

1b. 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, and
- You 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 change (e.g., inactivation, update, add) to 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.	