

**Shared Accounting Module (SAM)  
Primary Local Security Administrator (PLSA) Authorization Form**

The Officer identified below designates the following to serve as Primary Local Security Administrator (PLSA) for the Shared Accounting Module (SAM). Each PLSA may create child Access Groups or edit the Access Groups to which they are assigned.

**Section 1 – General Information**

- Create New PLSA**  
 **Modify PLSA Information** (only applies to last name, e-mail address, phone number and/or address)  
 **Delete PLSA** (the current PLSA will not be deleted until an additional Authorization form is received to create a new PLSA for the Access Group)

Primary Access Group Name: (A maximum of 50 alpha numeric characters) A Primary Access Group is a group created to relate ALC(s) or DSSN(s) in terms of security and/or business commonality.

**Section 2 – PLSA Profile**

*Each Access Group may have only one user designated as a PLSA*

PLSAs Employer/Agency/Bureau	
PLSAs Name (Full name)	
PLSAs E-mail Address (Not shared) <i>*Please ensure accuracy – email address is the unique identifier of a user</i>	
Phone Number (Direct number to PLSA)	
Street Address (PLSA location)	
Street Address Line 2 (PLSA location)	
City / State / Zip (PLSA location)	
PLSA Activation Date (Please check one)	<input type="checkbox"/> Effective Immediately <input type="checkbox"/> Future Effective Date ___/___/___
Will PLSA also serve as Cash Flow Administrator (CFA) for the Access Group? <i>User needs access to Access Group Cash Flow Profiles, Default Rules and related reports. (Please check one) CFA role will be activated when PLSA role is activated.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3 – Officer Authorization**

By signing below, the Officer (normally the Director of the Office of Finance, Office of Accounting, or comparable unit) certifies that he/she is duly authorized by the organization to designate individuals who can serve as PLSA. The authorized individual also agrees to be responsible on behalf of the organization for all security management related to SAM access. The authorized individual will be contacted and must confirm signature before request can be completed. The authorized individual signing this form cannot be designated as the user on this form.

**The officer signing this form cannot be designated as a PLSA on this form.**

Name (print)		Signature			
Title		Phone	(    )    -	Date	/ /
Email Address					

**Please email the completed form to the SAM Treasury Support Center: [SAM\\_TSC@stls.frb.org](mailto:SAM_TSC@stls.frb.org)**

**Section 4 – Access Group Agency Location Codes (ALCs)**

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