

Commonwealth of Virginia  
Bank of America  
**Works Access Request Form**

This form must be completed **only** for those individuals who only need access to an agency's reports.

Date of Request: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program: Purchase Card (includes SPCC & Gold) \_\_\_\_\_

Travel Card (includes Employee Paid & ATC) \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Requested User ID: (Between 2–8 characters) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Certification**

I, Program Administrator, for the agency listed above, certify that the above named individual may receive access to our Agency's reporting and data for the Program(s) indicated above via access to Works. I also certify that when this individual no longer requires access to Works or their access level needs to be changed I will immediately either delete the user from Works or modify their access

Agency Program Administrator Name: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PA Use Only:**

Date Set up Complete in Works: \_\_\_\_\_

Email generated via Works for initial logon: \_\_\_\_\_