

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: _____

PA Use Only:

Date Set up Complete in Works: _____

Email generated via Works for initial logon: _____