

Commonwealth of Virginia
Bank of America
Works Access Request Form

This form is required for Agency designated employees who need Scoped Accountant, Scoped Approver or Scoped Auditor Permissions to your agency's Small Purchase Charge Card or Travel Card data using WORKS.

Date: _____

Agency Number: _____

Agency Name: _____

Program: Purchase Card (includes SPCC & Gold) _____ Travel Card (includes Employee Paid & ATC) _____

Employee Name: _____

Employee Email Address: _____

Role Requested: Accountant _____

Approver _____ Group Name: _____

Auditor _____

Requested User ID: (Minimum of 9 characters) _____

Employee Signature: _____

Certification

I, Program Administrator, for the agency listed above, certify that the above named individual may receive the Works permission(s) indicated above. Scoped Accountant role to flag, sweep, and sign off on Works transactions, Scoped Approver role to flag and sign off on Works transactions for the group selected, and/or Scoped Auditor role to our Agency's reporting and data for the Program(s) selected. 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: _____

DOA Use Only:

DOA Approval: _____ Date: _____

Date Setup Complete in Works: _____ "Welcome Email Generated": _____