

Request for Access to NCWorks Online

Staff Name-Required: _____ **Staff Email:** _____

I agree that all information in NCWorks is considered confidential, private, and privileged information. I will not divulge any information to any other individual or entity. I will not share my login with any other staff. I understand that failure to comply may result with revocation of my access.

Staff Signature/Date _____ / **Agency** _____ **Job Title** _____ **Zip Code** _____

WIA Region _____ **Allow Multiple Offices**

Default Office Location-Required _____

ADD USER **CHANGE USER** **REACTIVATE USER ACCESS** **CANCEL USER**

***TYPE OF USER REQUIRED (SELECT ONLY ONE FROM BELOW)**

VIEW ONLY - User will only have the right to view limited data and will not be able to make any changes. Make no additional selections.

ISD CASE MANAGER - Staff has the ability to provide ISD services.

LOCAL OFFICE ADMIN - User has additional authority for overriding Case Manager limits. ONE PER OFFICE.

ADDITIONAL CM PROGRAMS

TAA CM

ADULT CM

DW CM

WIOA IW CM

YOUTH CM

YOUTH 5%

IF PROVIDING VETERANS SERVICES **LVER Staff** **DVOP Staff** **NO SELECTION**

***SPECIAL RIGHTS (In addition to type of User - Check any that apply)**

ITA Provider Setup **Local Provider Setup** **ITA Provider Setup** Ability to create and approve providers, locations, and contacts

AIFT Budget Setup **AIFT Individual Expense Tracking**

Reports **Summary Reports** **Detail Reports** Ability to run reports for your designated office

Ability to Approve Employer Access **YES** **NO** Justification: _____

VOSGreeter **Check-in, Assist, and Edit waiting check-in reasons** **Display on "here to see a specific advisor" list** **Visit reasons configuration**

Other Information:

I certify that this user has been trained in how to use NCWorks Online and has been told the proper ways to key data into the system. The data in NCWorks is used to compute program performance in WIOA, WP and TAA. Staff has signed this form agreeing to confidentiality requirements.

Approval/Print Name: _____ **Date:** _____

(Office Manager/LA Director)

Cursive Signature

DWS APPROVAL: _____ **Date:** _____ **Processed:** _____