

Deletion Form for Pcard or Works User Access

Personal Information:

First Name:	Middle	Initial:	Last Name:	
Group Name:		CWID: 9 -		
Card Information and Controls Current Role(s) and replacement for each: Cardholder – n/a Approving Manager:				
Accountant: Group Proxy Reconciler: Group Owner:				
Will the Works user be moving to a new OS	SU position whe	ere access to W	orks will be needed? Yes]No
Additional Information:				
Signatures and Date:		Notes: [Adm	inistrative Use Only]	
Signature of Cardholder	Date Date			
Signature of Approving Manager	Date			
Signature of Accountant	Date			
Signature of Department Head	Date			W AX
Signature of Fiscal Officer/Other (if required)	Date			LS TrL Amz
Signature of Purchasing Department	Date			