



Workforce Solutions
Call (276) 964.7244

CWES ACCESS FORM

_____ New Account

_____ Change

_____ Account Inactive

VCCS SIS ID: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Description of Job Responsibility: _____

Office Building Location: _____

Email Address: _____

Office Phone Number: _____

Employee Signature: _____

Date: _____

Dean of Workforce: _____

Date: _____