



Civil Rights

Vendor Name

This form is for the assignment of VDOT contractor and consultant employees to business roles in the VDOT Civil Rights and Labor management system. In this system a company may assign the same role to multiple persons or multiple roles to one person. Everyone indicated in the table below will be assigned a unique login identity and secure password that MAY NOT be shared with anyone else. Sharing of accounts and passwords may expose the individual to legal action. The company may revoke or expand these roles at any time with this same form.

Please indicate if this is a new request or a change request: **New** **Change**

Name	Work Phone	Employee's E-mail Address	Position	Prime Contractor Payroll Entry & Sign	Subcontractor Payroll Entry & Sign	Prime Contractor Payment Entry & Sign	Subcontractor Payment Entry, Sign, Verify

Please indicate your company's payroll start day of the week

I acknowledge that I will be granted access to the automated systems, including licensed software, hardware, and data of VDOT and the Commonwealth of Virginia (COV). This includes all systems data used, regardless of where the system resides, to conduct business with VDOT. Although I have access to data, I shall not read or access information or data that is not needed to perform my duties. I shall not disclose or otherwise make available, in whole or in part, VDOT or COV information and data other than to other employees, consultants or business partners of (VDOT) to whom such disclosure is authorized, except as provided by law. Such disclosure shall be in confidence for purposes specifically related to the business of VDOT and COV. I agree that logon IDs and passwords are not to be shared. I shall take appropriate action, whether by instruction, agreement or otherwise, to ensure the protection, confidentiality, and security of the information and automated systems.

Signature _____ Please Print Name Here _____ Date _____

Each sheet should be signed and dated by the submitting individual. The prime contractor is responsible for providing the form to their subcontractors and the proper submittal of the form. Submit the completed and signed form(s) to: CRLMS@vdot.virginia.gov or fax to 804-371-8040