

The Division of Strategic Investments

Workforce Integrated Performance System (WIPS) Access Form

Please complete all necessary fields below. While not all fields are required, please note that thorough inquiries and additional details are helpful for our technical assistance team.

Date:

Grant Program Name:

Grantee Name:

Grant Number:

Authorizing Official Name:

Title:

Email:

Types of Accounts

- **Level 1 Certification Accounts** have full access to all WIPS functions, including certifying reports.
- **Level 2 Upload Accounts** have access to all WIPS functions except certifying reports.

Please mark this box if this user can access WIPS for another DOL grant.

User #1

Name:

Email:

Position:

To Add

To Remove

Certify

Upload

Certify

Upload

☐☐☐☐☐

User #2

Name:

Email:

Position:

☐☐☐☐☐

User #3

Name:

Email:

Position:

☐☐☐☐☐

By signing this form, I confirm that I am the authorizing official of this grant and am requesting that a WIPS account be activated/deactivated for the individuals listed.

Authorizing Official Signature

Reset Form