University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

1800 Grant Street, Ste. 400
Denver, Colorado 80203

Phone: 303 860 4200
Systemhr@cu.edu

On-site Work Request

Employee Name:	Employee ID:
Job Title:	Department: Choose One
Supervisor:	Estimated Start Date:

The intention of this form is to request approval to work on-site at 1800 Grant St.

Note: If you are coming to an office location for a one-time task or appointment, this form is not required. However, you must still complete the Wellness Assessment prior to arriving on-site.

1. **Type of work environment:**
   Choose One

2. **What floors will the employee need access to?**

3. **Please indicate approximately which days and times the employee will be working on-site:**

If on-site work request is approved, the employee certifies they will self-monitor health including symptoms outlined **here**, and not travel to the office location if they have experienced any of the related symptoms.

Employee Signature Date

Note: The approvals required are: Supervisor, Department Head, and the Chief Human Resources Officer.

Supervisor Approval Date

Department Head Approval Date

Chief Human Resources Officer Date

Send to CHRO

Send to HR Team