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

EMPLOYEE SERVICES

Add a Person of Interest (POI) Worksheet

Form Instructions

Give this form to CU Affiliates who do not have a job record to track for compliance purposes for an individual not paid by the University for security access to university systems.

- **Download** and **Save** this form to your desktop from the web browser.
- **Open** it in Adobe or Adobe Reader to complete.
- **Return** completed form to sponsoring department (not Employee Services).

Section 1: Personal Information

Section one is to be completed by the person of interest (POI). **Items in red fields are required.**

Today's Date:_____ Personal ID/Employee ID Number – if applicable:_____

First Name:_____ Middle Initial: _____ Last Name: _____

Prefix:_____ Suffix:_____ Previous Last Name: _____

Date of Birth:_____ Marital Status: _____

Sex:_____ Gender Identity:_____ Highest Education Level: _____

US Citizen/Legal Permanent: ◯ Yes ◯ No ◯ unknown

Are you Hispanic or Latino? ◯ Yes ◯ No Veteran Status [Definition](link):_____

Race (select one or more) [Definition](link): ◯ American Indian or Alaska Native ◯ Asian ◯ White
◯ Black or African American ◯ Native Hawaiian or Pacific Islander

Social Security Number **required** for [POI Type 13 – Pre-employment & POI Type 15 – Security Access](link) (external link)

Social Security Number (National ID):_____

Section 1: Contact Information

Address: _____ City:_____ State:_____ Postal Code:_____
◯ Home ◯ Mailing (select one)

Address 2: _____ City:_____ State:_____ Postal Code:_____
◯ Home ◯ Mailing (select one)

Primary Phone:_____ Type:_____ Primary Email:_____ Type:_____

Additional Phone: _____ Type:_____ Additional Email:_____ Type:_____

POI Signature: _____ Date: _____

Section 2: Sponsoring Department Use Only

Section two is to be completed by the sponsoring department. **Items in red fields are required.**
Notes for Sponsoring Department:

- Use this form to enter the POI information into *HCM* and generate a *Person ID*.
- **Select step-by-step** guide to adding a POI to learn more.
- **Inform** the POI of his/her *Person ID*.
- The *HCM ID* must be on all *Security Access Request* forms before sending them to your campus security.
- **Keep** *POI Worksheet* for department records. You do not need to send a copy to ES or UIS.
- A required "Official" email address is the official email for the university and, by policy, must be created by your campus IT department (not the affiliate department). **Save** and **Contact** your *IT department* and provide it with your new *POI's Person ID*. The morning after the email has been created in the campus email directory, it will be loaded into *HCM* and other university systems.
- System access granted to POI will terminate one year from the start date but may be extended up to five years by contacting your campus security coordinators (this can be completed in transaction). Access will not be granted until the POI is set up in *HCM* and all required trainings are verified.

First Name:_____ Middle Initial: _____ Last Name: _____

Previous Last Name (if applicable): _____

Effective Date:_____ Personal ID/Employee ID Number – if applicable:_____
(date the relationship between POI and CU becomes active)

POI Type 1: _____ POI Type 2: _____ POI Type 3: _____

Department Name:_____ Department Number: _____

Planned Exit Date: _____ More Information: _____
(default, 1 year from date of entry)

Sponsoring Department Name:_____ Department Number:_____

Sponsor Name:_____ Sponsor EID:_____ Sponsor Position Number:_____

Sponsor Phone Number:_____

Sponsor Signature: _____ Date: _____

Most affiliates who are not physically on a CU campus or office use a VPN connection to their sponsoring campus' LAN to access university data and systems. Special arrangements have been made for a few organizations, including Children's Hospital Colorado, National Jewish Hospital and NCAR. Your sponsor will probably know the status for your location. Providing the name of your local IT contact will help resolve access problems, if necessary.

Affiliated Organization Name:_____

IT Contact in POI Organization:_____ IT Contact Phone:_____