



# 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](#): \_\_\_\_\_

Race (select one or more) [Definition](#): ☐ 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](#) (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: \_\_\_\_\_