

# Add a Person of Interest (POI) Worksheet

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

Return completed form to sponsoring department, not Employee Services.

Section One is to be completed by person of interest. Section Two is to be completed by the department.

### **Section One:**

Today's Date:				Person ID/ Employee ID (If Applicable):				
First Name:		Middle Name/Initial:		Last Name:		Previous Last Name:		
Date of Birth:	Gender	•		Prefix (Optional):		Suffix (Optional):		
	O Male O Femal		e ONot Disclosed					
Marital Status (Optional):		Highest Education	n (Optional): Military S		Status:			
Ethnic Group:			US Citizen or Legal Permanent Resident:					
			O Yes	o No		O Unknown		
SSN- Required for POI Type 13 - Pre-employment & POI Type 15 - Security Access								
Address: O Home O Mailing								
City:		State:		Postal Code:				
Address 2 (Optional): O Home O Mailing								
City:			State:		Postal Code:			
Primary Phone Typ	e:				Phone Number:			
O Campus O Cell O Dorm O Emergency O Business O Home O Main								
Additional Phone Type (Optional):						Phone Number:		
O Campus O Cell O Dorm O Emergency O Business O Home O Main								
Primary Email Type:					Email Address:			
O Campus O Business O Dorm O Home								
Additional Email T	ype (Opti	onal):		_	Email Ad	ddress:		
O Campus O Business O Dorm O Home								
POI Signature:								

1800 Grant St., Suite 400 400 UCA Denver, CO 80203 t 303 860 4200 f 303 860 4299 1-888 216 7740 (toll free)

#### LIMIT EOTEE SERVICES

First Name:	Middle Name/Initials:	Last Name:	Previous Last Name:

### **Section Two: Sponsoring department use only**

Effective Date (Date the relationship between the POI and CU becomes active):   Person ID/ Employee ID:								
POI Type 1:		POI Type 2:		POI Typ	POI Type 3:			
Department Name:			Department #:					
-								
Planned Exit Date (Default,	n date of entry):	More Information:						
<b>Sponsoring Department Na</b>			Sponsoring Department #:					
Sponsor Name:	Sponsor	EID:	Sponsor Position #:		Sponsor Phone #:			
Sponsor's 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								
Children's Hospital Colorado,	National J	ewish Hospital and	NCAR. Your spon	sor will prob	ably know the status for your			
	National J of your loca	ewish Hospital and	NCAR. Your spon	sor will prob	ably know the status for your			
Children's Hospital Colorado, location. Providing the name	National J of your loca	ewish Hospital and	NCAR. Your spon	sor will prob	ably know the status for your			
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## **Notes for sponsoring department:**

- Use this form to enter the POI information into HCM and generate a Person ID.
- Click here for step-by-step guide to adding a POI.
- 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). After saving, contact your IT department and provide it with your new POI's Peron 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.