

Remote Work Participation Agreement Form Instructions for Employees

The University of Colorado Denver | Anschutz Medical Campus *Alternative Work Schedules* and *Remote Work Arrangements* policy was recently revised and approved. Documentation for employee remote work arrangements as provided for under that policy is **required**.

Employee Guidance

To comply with the policy, employees need to submit new remote work requests using the Remote Work Participation Agreement Form.

Please follow the instructions on the next page to submit a remote work request to your Supervisor and Department Approvers/Unit Human Resources Business Partners for review and acknowledgment.

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How to complete a Remote Work Form

- 1. Access the Remote Work Participation Agreement Form.
- Review the instructions listed for your campus (CU Anschutz Medical Campus or CU Denver Campus) at the top of the form.

Remote Work Participation Agreement

CU Anschutz Instructions:

This form only needs to be completed if you are:

O A 12-month faculty or staff member who has been assigned an office or has access to a workspace on campus and is requesting to work full/part-time remotely.

OF

O A 12-month faculty or staff member who lives and works outside of Colorado or the USA.

O This form should be submitted only for remote work that is regularly scheduled (e.g. - 1 or more days per week).

O This form should not be submitted if your remote work arrangement is not regularly scheduled, is ad hoc, or is on a very occasional basis.

Please use this form to submit a new remote work request for your current position. This form does not carry over to another role. A new form will be required if filling out for another role.

If you wish to amend an existing agreement, you will need to submit this form again.

Student Employees are not required to complete this form.

CU Denver Instructions:

This form only needs to be completed if you are:

O A Staff member who has been assigned an office or has access to a workspace on campus and is requesting to work full/part-time remotely.

OR

O A Staff member who lives and works outside of Colorado or the USA.

O This form should be submitted only for remote work that is regularly scheduled (e.g. - 1 or more days per week).

O This form should not be submitted if your remote work arrangement is not regularly scheduled, is ad hoc, or is on a very occasional basis.

Please use this form to submit a new remote work request for your current position. This form does not carry over to another role. A new form will be required if filling out for another role.

If you wish to amend an existing agreement, you will need to submit this form again.

Student Employees are not required to complete this form.

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3.	Fill out your First and Last name.				
	Employee First Name *				
	Employee Last Name *				
4.	Fill out your University email address.				
	For CU Anschutz Medical Campus employees, please use the following: firstname.lastname@cuanschutz.edu.				
	For CU Denver employees please use the following: firstname.lastname@ucdenver.edu.				
	Employee Email * For CU Anschutz Medical Campus email addresses, please use firstname.lastname@cuanschutz.edu				
	For CU Denver Campus email addresses, please use firstname.lastname@ucdenver.edu				
5.	Enter your University Employee ID number. Please enter a CU Anschutz Medical				
	Campus or CU Denver Campus Employee ID number. This number will be 6 digits.				
	Employee ID Number * Please enter a CU Anschutz Medical Campus or CU Denver Campus Employee ID number.				
	Employee IDs are 6 digits.				
	123456				
6.					
	Act (ADA) accommodation?				

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If you select "yes", you will be required to upload a copy of the ADA Accommodation letter in the file upload section of the form.

7. Fill out the justification narrative section and the effective date.

Justification Narrat	
A narrative explainir arrangement is requ	ng the reason for remote work and the benefit to the university in agreeing to the iired.
Effective Date *	
31	

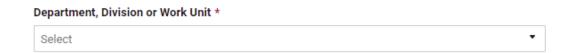
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8. Select your Principal School, College, or Department from the drop-down menu.

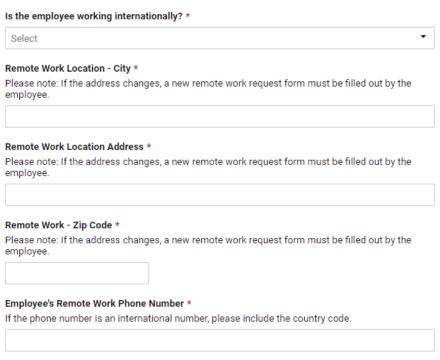
Principal School/College/Department *	Principal School/College/Department *				
College of Architecture and Planning	•				

9. If the School of Medicine or College of Liberal Arts and Sciences is selected in the Principal School, College, or Department drop-down, then the Department, Division, or Work Unit drop-down menu will appear.

Select your Department, Division, or Work Unit from the drop-down menu.



- 10. Select "yes" or "no" if you are working internationally.
- **11.** Fill out the City, Address, Zip code, and State and remote work phone number fields.



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12. Fill out the number of days to be worked remotely and select all the days that apply. If your schedule varies indicate this in the "Remote Work Hours" field.

Number of Days Per Week Working Remotely *
Please enter the numerical value and check all boxes below that apply.
Sunday
Monday
Tuesday
Wednesday
Thursday
Feiden
Friday
Saturday
Remote Work Hours *
Please indicate the remote work hours that will be worked. Example: Monday and Wednesdays - 8
a.m. to 2 p.m. If variable please select all the days above that apply. If variable days and times, please describe below.
p. 1000 0000 000000

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	The following University equipment, software and supplies will be used at the remote work location: *
	Please note: The University does not provide cell phones, or pay for internet as a result of people working remotely. Any other equipment would be as agreed upon between the employee and their unit.
	University equipment, software and supplies will be provided by: * Please enter the department name. Please note: The University does not provide cell phones, or pay for internet as a result of people working remotely. Any other equipment would be as agreed upon between the employee and their unit.
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13. Fill out the type of university equipment that will be used to work remotely. Also, indicate

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15. Fill out the correct email address for your Supervisor and Department Approver/Unit Human Resources Business Partner.

Please double-check the email addresses are correct so that this request will be routed to the correct department and reviewer.

- For CU Anschutz Medical Campus employees, please use the following:

 firstname.lastname@cuanschutz.edu.
- For CU Denver employees please use the following: firstname.lastname@ucdenver.edu.

*Please note: If the email address is incorrect, none of the individuals will be notified of your request and you will need to resubmit this form.

Supervisor First N	lame *
Supervisor Last N	ame *
Supervisor Email	*
	Medical Campus email addresses, please use e@cuanschutz.edu
	mpus email addresses, please use firstname.lastname@ucdenver.edu over/Unit Human Resources Business Partner First Name *
Department Appro	
Department Appro	over/Unit Human Resources Business Partner First Name *
Department Appro	over/Unit Human Resources Business Partner First Name * over/Unit Human Resources Business Partner Last Name *

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16. Verify all your entries are correct. Then check the box to acknowledge that you have reviewed the Alternative Work Schedules and Remote Work Arrangements policy and school or college policy and understand and agree to its conditions and that you have discussed the request with your Supervisor.

Remote Work Participation Agreement Acknowledgment

The above information reflects the discussion and agreement with my supervisor. I have read the Alternative Work Schedules and Remote Work Arrangements policy and understand and agree to its conditions. I have also read and understand my school or college policy and understand and agree to its conditions. I further understand that failure to adhere to these conditions may result in termination of the Remote Work agreement or other corrective or disciplinary actions. Please click on the checkbox below to acknowledge this agreement. *

I	acknowl	ledge	this	agreement.
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17. Click the "submit button.

Please note: This agreement is subject to re-evaluation by the Supervisor and is subject to review by the Appointing Authority.

Please note: It will take approximately 20 minutes to receive a copy of the form.

If you do not see the confirmation email in your inbox, please check your junk and clutter folders.



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18. Once you have submitted your form, your screen will display the following message:

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Thank you for your submission. A copy of your submission will be sent to you soon.

Your Supervisor and Department Approver/Unit HR Business Partner will review your request. You will receive an email indicating whether your request has been approved or denied.

Thank you,

Central Human Resources

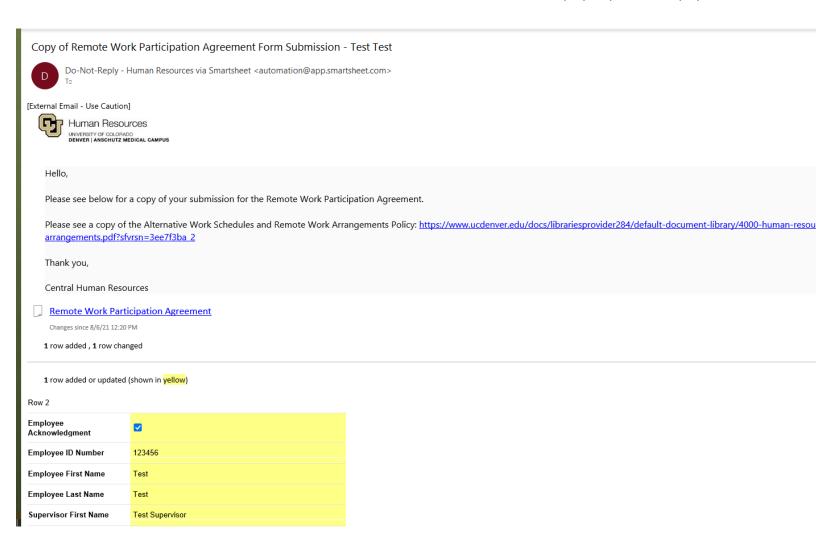
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All submitted forms are reviewed by your Supervisor and Department

Approver/Unit Human Resources Business Partner for acknowledgment.

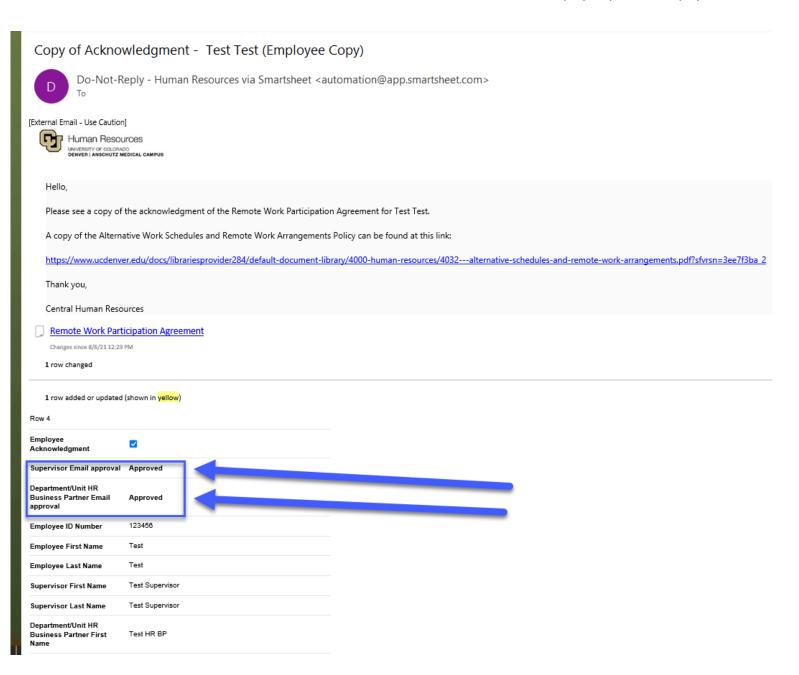
19. You will receive an emailed copy of your submission. Due to processing time, there may be a lag in receiving this confirmation. Below is a sample submission confirmation email.

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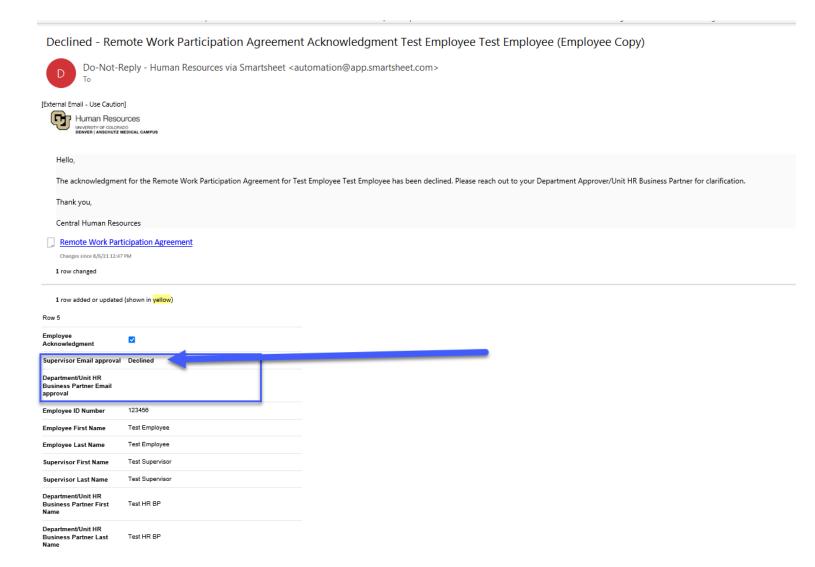
20. Once both the Supervisor and Department Approver/Unit Human Resources Business Partner acknowledge the agreement, you will receive a final confirmation indicating your request has been approved. Due to processing time, there may be a lag in receiving this confirmation. Below is a sample confirmation email. You can see below that the Supervisor and Department Approver/Unit Human Resources Business Partner have both approved the form.

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21. If a request is denied, you will also receive an emailed notification of the denied request. Below is a sample email you would receive if your request is denied by either the Supervisor or Department Approver/Unit Human Resources Business Partner. In the example below, you can see the Supervisor declined the request.

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22. If a request is revoked or terminated, you will also receive an emailed notification of the revoked or terminated request. Below is a sample email you would receive if your request is revoked or terminated by either the Supervisor or Department Approver/Unit Human Resources Business Partner.

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Copy of Revoked/Terminated Remote Work Participation Agreement - Test Employee Test Employee - (Employee Copy) Do-Not-Reply - Human Resources via Smartsheet <automation@app.smartsheet.com> [External Email - Use Caution] Human Resources UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS Hello, This is confirmation that this Remote Work Participation Agreement has been revoked for Test Employee Test Employee. Thank you, Central Human Resources Remote Work Participation Agreement Changes since 8/6/21 2:58 PM 1 row added 1 row added or updated (shown in yellow) Row 1 Employee ID Number 123456 **Employee First Name** Test Employee **Employee Last Name** Test Employee Supervisor First Name Test Supervisor Supervisor Last Name Test Supervisor Department/Unit HR Business Partner First Test HR BP Name Department/Unit HR

Questions?

Please reach out to your <u>Departments' Human Resources Business Partner</u>.

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