

Remote Work Participation Agreement Form Instructions for Employees

The University of Colorado 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 Agreement Participation 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.

Page 1 of 15 Revised 1.11.2024

How to complete a Remote Work Form

- 1. Access the Remote Work Participation Agreement Form.
- 2. Review the instructions listed for the CU Anschutz Medical 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.

OR

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.

3. Fill out your First and Last name.

4. Fill out your University email address using the following format:

firstname.lastname@cuanschutz.edu.

Page 2 of 15 Revised 1.11.2024

5. Enter your CU Anschutz Medical Campus Employee ID number. This number will be 6 digits.

Employee ID Number *	
Please enter a CU Anschutz N	Medical Campus. Employee IDs are 6 digits.
123456	

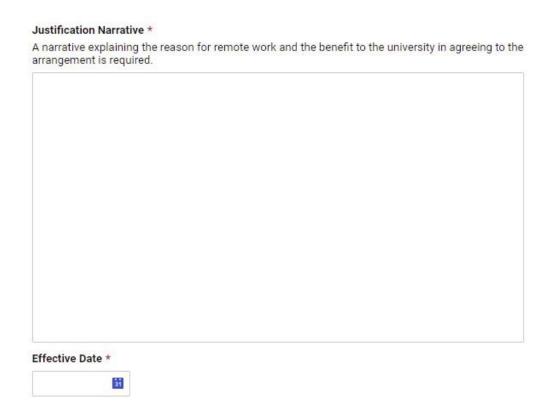
6. Select "yes" or "no" if your request is or is not related to the Americans with Disabilities Act (ADA) accommodation?

Is this request related to an Americans with Disabilities Act (ADA) accomodation? * O Yes No
If you have received ADA accommodation, please upload a copy of the letter from the ADA Coordinator. * If you have not received Central HR Americans with Disabilities Act (ADA) Accommodation approval, please reach out to the ADA Coordinator at https://hr.ADAcoordinator@cuanschutz.edu
Acceptable file types include .jpg, .png, .gif, .pdf, and .docx.
Drag and drop files here or browse files

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.

Page 3 of 15 Revised 1.11.2024



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



9. If the School of Medicine 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.

Page 4 of 15 Revised 1.11.2024

Is the employee working internationally? *	
Select	
Remote Work Location - City *	
Please note: If the address changes, a employee.	a new remote work request form must be filled out by the
Remote Work Location Address *	
Please note: If the address changes, a employee.	a new remote work request form must be filled out by the
Remote Work - Zip Code *	
Please note: If the address changes, a employee.	a new remote work request form must be filled out by the
Employee's Remote Work Phone Num	nber *
relation to the second second	al number, please include the country code.

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.

Page 5 of 15 Revised 1.11.2024

	ne numerical value and check all boxes below that apply.
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Remote Work I	Hours *
	e the remote work hours that will be worked. Example: Monday and Wednesdays - & If variable please select all the days above that apply. If variable days and times, e below.

13. Fill out the type of university equipment that will be used to work remotely. Also, indicate who will provide this equipment.

Page 6 of 15 Revised 1.11.2024

Inditions that were agreed upon. The following arrangement has been agreed upon for communications, includ handling telephone calls, including long distance, e-mail and communicating voffice: *	for internet as a result of people in between the employee and their in the model of the model o
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Additional Conditions Agreed Upon	
Additional Conditions Agreed Opon	
	III

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

Page 7 of 15 Revised 1.11.2024

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

• Please use the following:

firstname.lastname@cuanschutz.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 Name *	
Supervisor Last Name *	
Supervisor Email *	
For CU Anschutz Medical Campus email addresses, please use firstname.lastname@cuanschutz.edu	
firstname.lastname@cuanschutz.edu	
Department Approver/Unit Human Resources Business Partner First Name *	
Department Approver/Unit Human Resources Business Partner Last Name *	

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.

Page 8 of 15 Revised 1.11.2024

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 ackno	owledge this agreement.
17. Cli	ick 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.
	Submit

Powered by **▼** smartsheet

Privacy Notice | Report Abuse

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

Page 9 of 15 Revised 1.11.2024



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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Page 10 of 15 Revised 1.11.2024



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

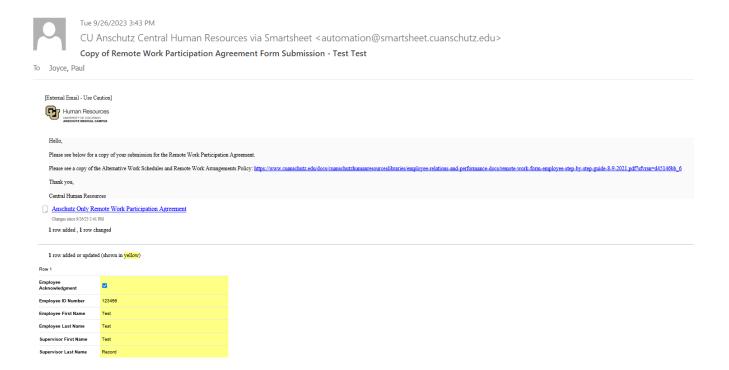
Powered by **▼** smartsheet

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.

Page 11 of 15 Revised 1.11.2024



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.

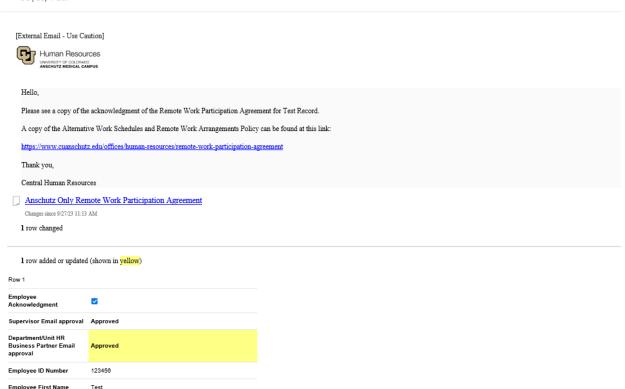
Page 12 of 15 Revised 1.11.2024



Wed 9/27/2023 12:16 PM

CU Anschutz Central Human Resources via Smartsheet <automation@smartsheet.cuanschutz.edu>
Copy of Acknowledgment - Test Record (Employee Copy)

To Joyce, Paul



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.

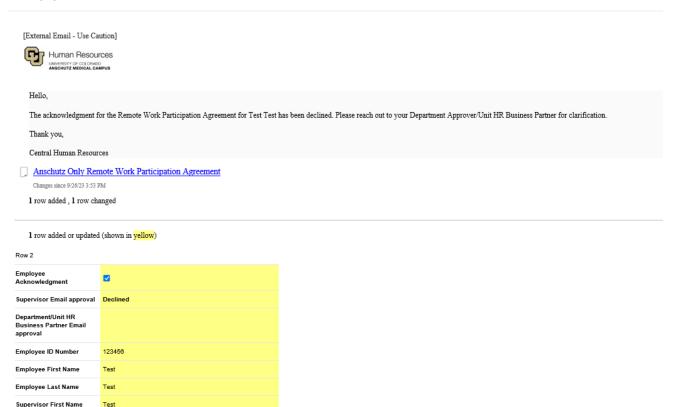
Page 13 of 15 Revised 1.11.2024



Tue 9/26/2023 4:55 PM

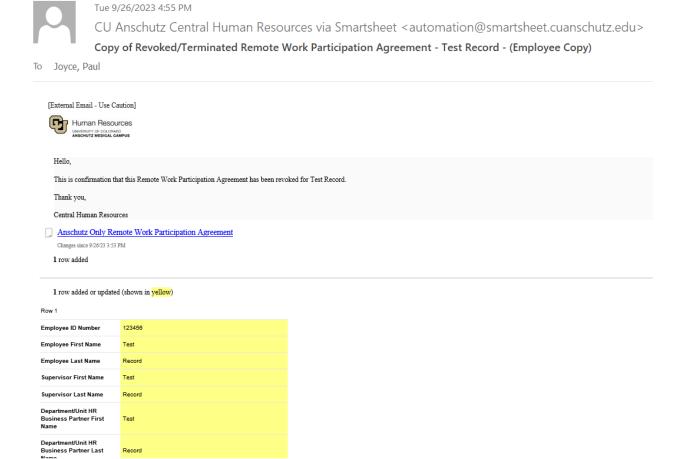
CU Anschutz Central Human Resources via Smartsheet <automation@smartsheet.cuanschutz.edu>
Declined - Remote Work Participation Agreement Acknowledgment Test Test (Employee Copy)

To Joyce, Paul



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.

Page 14 of 15 Revised 1.11.2024



Questions?

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

Page 15 of 15 Revised 1.11.2024