



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.

How to complete a Remote Work Form

1. Access the [Remote Work Participation Agreement Form](#).
2. 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:

☐ 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

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

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

☐ 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:

☐ 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

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

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

☐ 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.

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. 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) accommodation? *

- ☒ 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 HR.ADACoordinator@ucdenver.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.

Justification Narrative *

A narrative explaining the reason for remote work and the benefit to the university in agreeing to the arrangement is required.

Effective Date *

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

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.

Department, Division or Work Unit *

Select ▼

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.

Is the employee working internationally? *

Select ▼

Remote Work Location - City *

Please note: If the address changes, a new remote work request form must be filled out by the employee.

Remote Work Location Address *

Please note: If the address changes, a new remote work request form must be filled out by the employee.

Remote Work - Zip Code *

Please note: If the address changes, a new remote work request form must be filled out by the employee.

Employee's Remote Work Phone Number *

If the phone number is an international 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.

Number of Days Per Week Working Remotely *

Please enter the numerical value and check all boxes below that apply.

Sunday

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

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.

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

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.

- 14.** Fill out how information on how communications will be handled. Also, add any additional conditions that were agreed upon.

The following arrangement has been agreed upon for communications, including return and handling telephone calls, including long distance, e-mail and communicating with the regular office: *

Additional Conditions Agreed Upon

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 Name *

Supervisor Last Name *

Supervisor 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

Department Approver/Unit Human Resources Business Partner First Name *

Department Approver/Unit Human Resources Business Partner Last Name *

Department Approver/Unit Human Resources Business Partner 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

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 acknowledge this agreement.

☐


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.

Submit

Powered by  smartsheet
[Privacy Notice](#) | [Report Abuse](#)

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



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.

Copy of Remote Work Participation Agreement Form Submission - Test Test

 Do-Not-Reply - Human Resources via Smartsheet <automation@app.smartsheet.com>
To:

[External Email - Use Caution]



Hello,

Please see below for a copy of your submission for the Remote Work Participation Agreement.

Please see a copy of the Alternative Work Schedules and Remote Work Arrangements Policy: https://www.ucdenver.edu/docs/librariesprovider284/default-document-library/4000-human-resources-arrangements.pdf?sfvrsn=3ee7f3ba_2

Thank you,

Central Human Resources

 [Remote Work Participation Agreement](#)

Changes since 8/6/21 12:20 PM

1 row added , 1 row changed


1 row added or updated (shown in yellow)

Row 2

Employee Acknowledgment	<input checked="" type="checkbox"/>
Employee ID Number	123456
Employee First Name	Test
Employee Last Name	Test
Supervisor First Name	Test Supervisor

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.

Copy of Acknowledgment - Test Test (Employee Copy)

 Do-Not-Reply - Human Resources via Smartsheet <automation@app.smartsheet.com>
To

[External Email - Use Caution]



Human Resources
UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Hello,

Please see a copy of the acknowledgment of the Remote Work Participation Agreement for Test Test.

A copy of the Alternative Work Schedules and Remote Work Arrangements Policy can be found at this link:

https://www.ucdenver.edu/docs/librariesprovider284/default-document-library/4000-human-resources/4032---alternative-schedules-and-remote-work-arrangements.pdf?sfvrsn=3ee7f3ba_2

Thank you,

Central Human Resources

 [Remote Work Participation Agreement](#)

Changes since 8/6/21 12:29 PM

1 row changed

1 row added or updated (shown in yellow)

Row 4

Employee
Acknowledgment ☒

Supervisor Email approval Approved

Department/Unit HR
Business Partner Email
approval Approved

Employee ID Number 123456

Employee First Name Test

Employee Last Name Test


Supervisor First Name Test Supervisor

Supervisor Last Name Test Supervisor

Department/Unit HR
Business Partner First
Name Test HR BP

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.

Declined - Remote Work Participation Agreement Acknowledgment Test Employee Test Employee (Employee Copy)

 Do-Not-Reply - Human Resources via Smartsheet <automation@app.smartsheet.com>
To

[External Email - Use Caution]



Hello,

The acknowledgment for the Remote Work Participation Agreement for Test Employee Test Employee has been declined. Please reach out to your Department Approver/Unit HR Business Partner for clarification.

Thank you,

Central Human Resources

 [Remote Work Participation Agreement](#)

Changes since 8/6/21 12:47 PM

1 row changed

1 row added or updated (shown in yellow)

Row 5


Employee
Acknowledgment ☒

Supervisor Email approval Declined
Department/Unit HR
Business Partner Email
approval

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 Name	Test HR BP
Department/Unit HR Business Partner Last Name	Test HR BP

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.

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>
To

[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 Name	Test HR BP
Department/Unit HR	

Questions?

Please reach out to your [Departments' Human Resources Business Partner](#).