**Add a Person of Interest (POI) Worksheet**

**Please return completed form to msedillo@uccs.edu.**

#

|  |  |
| --- | --- |
| **Today’s Date:** | **Department Affiliation (Nursing, Health Sciences or Human Physiology and Nutrition):** |
|  |  |
| **First Name:** | **Middle Name/Initial:** | **Last Name:** | **Previous Last Name:** |
|  |  |  |  |
| **Date of Birth:** | **Gender:** | **Prefix (Optional):** | **Suffix (Optional):** |
|  | [ ] Male [ ] Female [ ] Not Disclosed |  |  |
| **Highest Educational Level (Optional):** | **Marital Status (Optional):** |
|  |  |
| **SSN**- [Required for security & pre-employment POI types](https://www.cu.edu/employee-services/social-security-number-verification-use) (If you wish to provide verbally, please call your dept. contact): |
|  |
| **Address:** [ ]  Home [ ]  Mailing |
|  |
| **City:** | **State:** | **Postal Code:** |
| **Address 2 (Optional):** [ ]  Home [ ]  Mailing |
|  |
| **City:** | **State:** | **Postal Code:** |
| **Primary Phone Type:** | **Phone Number:** |
| [ ] Campus [ ]  Cell [ ]  Dorm [ ]  Emergency [ ]  Business [ ]  Home [ ]  Main |  |
| **Additional Phone Type (Optional):** | **Phone Number:** |
| [ ] Campus [ ]  Cell [ ]  Dorm [ ]  Emergency [ ]  Business [ ]  Home [ ]  Main |  |
| **Primary Email Type:** | **Email Address:** |
| [ ] Campus [ ]  Business [ ]  Dorm [ ]  Home |  |
| **Additional Email Type (Optional):** | **Email Address:** |
| [ ] Campus [ ]  Business [ ]  Dorm [ ]  Home |  |