

| <b>Ergopoint Request Form</b> |  |                    |
|-------------------------------|--|--------------------|
| Employee Name                 | Supervisor   | Supervisor Phone # |
| Employee Title                | Supervisor Email   | HR Contact Person  |
| Employee Email                | Agency (No abbreviations)                                |                    |
| Employee Phone #              | Division (No abbreviations)                              |                    |
| Assessment requested by:      | Work Unit/Section/Area of Instruction (No abbreviations) |                    |

Once all fields have been completed to the best of your ability,  
email this form to [jess.baysinger@state.co.us](mailto:jess.baysinger@state.co.us)