**Personnel Policy # 132 –Employment of Out-Of-State Residents and Establishment of Out-of-State Work Locations**

*To have an out-of-state employment scenario reviewed and approved (new hire or relocation), please complete the following information:* 

Employee/Candidate Name: 

Employee ID/Applicant Number (if known):

Division /Department Number: 

Division/Department Name: 

Job Code and Title (attach functional job description): 

Status (check one): FT PT TAR

Start Date at Out-of-State Location: 

Expected End Date of Assignment: 

State/Country Where Work Is To Be Performed:

Please state the University business purpose for assignment out-of-state:



Account Number for administrative fees (if assignment is approved):

Signature of Dean, Vice Provost, Vice Pres or Director Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Associate Vice President for Human Resources Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President Printed Name Date

(required for out-of-country)