## University of Rochester

## **APPROVAL FORM**

## <u>Personnel Policy # 132</u> –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 ID/Applicant Number (if known):  Division / Department Number:  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	, , ,			
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	Employee/Candidate Name:			
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	Employee ID/Applicant Number (if known):			
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	Division /Department Number:			
Status (check one): FT	Division/Department Name:			
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	Job Code and Title (attach functional job description):			
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	Status (check one): FT PT TAR			
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	Start Date at Out-of-State Location:			
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	Expected End Date of Assignment:			
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	State/Country Where Work Is To Be Performed:			
Signature of Dean, Vice Provost, Vice Pres or Director Printed Name Date  Signature of Associate Vice President for Human Resources Printed Name Date	Please state the University business purpose for assignment of	out-of-state:		
Signature of Associate Vice President for Human Resources Printed Name Date	Account Number for administrative fees (if assignment is approximately a	roved):		
	Signature of Dean, Vice Provost, Vice Pres or Director	Printed Name	Date	
Cignature of Dracidant Drinted Name Deta	Signature of Associate Vice President for Human Resources	Printed Name	 Date	
(required for out-of-country)	Signature of President (required for out-of-country)	Printed Name	 Date	