

Out-of-State Employment Approval Form

Employment of Out-Of-State Residents and Establishment of Out-of-State Work Locations

Sections 1-3 are to be completed by the supervisor or leader requesting to have an out-of-state employment form reviewed and approved. Prior to completing the form, please review the <u>Out-of-State Employment</u> policy overview.

CTION 1: EMPLOYEE INFORMATION		
		(16.1
Employee/Candidate Name:	Employee ID/Applicant Numb	er (it known):
Job Title:	Division/College/School:	
Status (Check One): ☐ Full-Time Staff ☐ Part-Ti	ma Staff Adjunct Tonura Stroom	Torm Faculty
Status (Check One). Full-Time Staff Part-Ti	me starr 🗀 Adjunct 🗀 Tenure Stream/	Term Faculty
Name of Requesting Supervisor/Leader:	Signature of Requesting Supervisor/Leader:	
ECTION 2: LOCATION & TIME DETAILS		
Please see <u>licensed/approved state lis</u>	st for states currently approved for SU to	operate within.
ocation of Work: City	State	
art Date at Out-of-State Location:	Expected End Date of Work Assignn	nent:
ECTION 3: PURPOSE		
Edition of Folia ode		
lease state the business case that supports th	is request.	
. Code for Administrative Fees (if assignment is a	nnroved):	
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ECTION 4: SIGNATURES		
DR FACULTY:		
gnature of Dean	Printed Name	Date
OR STAFF:		
gnature of Divisional VP	Printed Name	 Date

Faculty: Return the form to <u>HR-AcademicOperations@seattleu.edu</u>.

Staff: Return the form to HRForms@Seattleu.edu along with the approved requisition if needed.

SECTION 5: HR APPROVAL		
☐ Out-of-State Employment is APPROVED☐ Out-of-State Employment is DENIED		
HR APPROVAL:		
Signature of VP HR or Delegate	Printed Name	Date

INTERNAL HR: Approved forms to be copied to personnel file, requesting supervisor/leader, and CC'd to Payroll Office.