

Please email the original signed form to Commitment Accounting or fax it to 480-965-2683.

**Domestic**: ASU employees whose work site is located in the U.S. outside of Arizona are subject to all employment laws of the state where they work. Financial Services must be informed in advance of potential work arrangements outside of Arizona to be fully compliant with all reporting, taxation and employment regulations of the other state. Departments must notify Financial Services when an employee changes their work location. <u>Refer to FIN 420-08</u> for more information.

**Abroad**: Allowing ASU employees to work in foreign countries can create tax and legal liabilities for the employee and the university. Each situation must be evaluated separately and may require outside tax and legal counsel. Contact Financial Services at 480-965-3601 before such arrangements are made.

Prior approval from the director, dean and vice president or vice provost is required. Submit annually.

| Employee's name, job              | title and affiliate ID:            |                       |                      | •····   |
|-----------------------------------|------------------------------------|-----------------------|----------------------|---------|
| Department name and               | department code:                   |                       |                      |         |
| Employee's out-of-sta             | ate home address                   |                       |                      |         |
| Street                            | City                               | Sta                   | ate Zip              | code    |
| State of legal residence          | e and country, if not in the U.S.: |                       |                      |         |
| Employee out-of-state             | e work address — must be a p       | physical address, not | a PO box             |         |
| Street                            | City                               | State                 | Zip code             |         |
| Email address                     | Start date at out-state            | e-location            | Anticipated end date |         |
| Essential university b            | usiness purpose for assignm        | ent out-of-state:     |                      |         |
| For academic units, the           | e dean's approval must be obtai    | ined before submissio | n to the Provost's   | Office. |
| Department approver signature:    |                                    |                       | Date:                |         |
| Department approver printed name: |                                    |                       | Date:                |         |
| Director signature:               |                                    |                       | Date:                |         |
| Director printed name:            |                                    | Date:                 |                      |         |
| Dean signature:                   |                                    |                       | _ Date:              |         |
| Dean printed name:                |                                    | Date:                 |                      |         |
| Vice president signatur           |                                    | Date:                 |                      |         |

Vice president printed name: \_\_\_\_\_ Date: \_\_\_\_\_