



Approval for Out-of-State Employee | New Hire or Relocation

Please return original signed form to: Commitment Accounting, Financial Services

MAIL: Mail Code 5812 | **FAX:** 480-965-2683 | **EMAIL:** CommitAccounting@mainex1.asu.edu

DOMESTIC: Any ASU employee whose work site is located in the U.S. outside of Arizona is subject to all employment laws of the state in which 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. For more information, see [FIN 420-08](#).

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 respective Vice President or Vice Provost is **REQUIRED**. Submit this form annually.

Employee information

Employee Name: _____ **Affiliate ID:** _____

Department Name _____ **Department Code:** _____

Job Title: _____

Employee Out-of-state Home Address

Street: _____

City: _____ **State:** _____ **ZIP:** _____

State of Legal Residence: _____ **Country (if NOT U.S.):** _____

Employee Out-of-state Work Address (Must be physical address, no PO Boxes)

Street: _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____

Start Date at Out-of-state Location: _____ **Anticipated End Date:** _____

Key University Business Purpose/Duties for Assignment Out-of-state, including Course Numbers. *Attach extra pages, if necessary.*

Approval and Contact Information

For academic units, Dean's approval must be obtained prior to submission to the Provost's Office.

Department Approver (Signature): _____ **Date:** _____

Department Approver (Printed Name): _____ **Phone:** _____

Director (Signature): _____ **Date:** _____

Director (Printed Name): _____ **Date:** _____

Dean (Signature): _____ **Date:** _____

Dean (Printed Name): _____ **Date:** _____

VP (Signature): _____ **Date:** _____

VP (Printed Name): _____ **Date:** _____