Upon completion, this form should be emailed to jobs@umw.edu and payroll@umw.edu

UMW OUT OF STATE EMPLOYEE APPROVAL FORM

Departments or hiring supervisors seeking to hire or reassign an employee to work out of state must complete this form and submit it to HR and Payroll as soon as possible prior to the employee's requested start date or reassignment date.

Employee's Primary Work Location:

State of:	County/City/Town:

UMW Supervisor Requesting to Hire/Reassign an Out of State Employee	
Name	
Title	
Email	
Phone Number	
Department	

Information on Prospective New Hire or Out of State Employee (to be completed by supervisor)

Employee Name	

Employee Status: New Employee ☐ Current Employee ☐ Returning Adjunct ☐

Address where the employee will be LIVING	
Address where the employee will be PHYSICALLY WORKING	

Position Title		**Position Number**	

Business Justification: Why does UMW need to establish a location in this state? What business will be conducted within the state to justify the employee's presence? What circumstances exist that prevent this work from being performed in the Commonwealth of Virginia?

How long will the employee work outside Virginia?		If less than 60 days check this box	☐
If temporary, what date will the employee BEGIN working outside of Virginia?		If temporary, what date will the employee STOP working outside Virginia?	
If permanent, what is the anticipated start date?			

Agreements and Approvals

I understand employees working out of state are subject UMW to laws that may result in additional insurance, payroll requirements, and costs.

I understand that the employee cannot work outside VA until a telework agreement is completed. ◯ Yes ◯ No

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Section A: Requesting Department Approval (VP or Dean)

Department Approver Name: _____ Title: _____

Signature: _____

Section B: Human Resources Review

HR Reviewer Name: _____ Title: _____

Signature: _____

Approval recommended: ◯ Yes ◯ No

Reason: _____

Section C: VP of Finance and Administration/Fiscal Officer Review

Approval Recommended: ◯ Yes ◯ No Signature _____

If not approved, provide reason: _____

Section D: Payroll Department

Payroll Reviewer Name:_____ Title: _____

Signature: _____

Approval recommended: ◯ Yes ◯ No

Reason: _____