



University of Alaska  
Cancellation of Work Outside of  
Alaska

Employee ID	TKL	Work Phone
Last Name	First	M.

Complete this form if the your work activity outside of Alaska has ended and you are now working inside the state of Alaska. If you are changing work locations and are still working outside the state of Alaska, please complete the "Work Outside of Alaska" form.

<b>Employee Certification</b>		
State and/or country of legal residence: _____		
I certify that I am no longer working outside the state of Alaska and am thus no longer liable for income tax withholding or other applicable employee taxes from the state/ country of _____ effective this date: _____.		
_____	_____	_____
Employee Signature		Date
<b>Department Use Only</b>		
Department Name: _____	Phone: _____	
Department Contact: _____	Email: _____	
I certify that the above named employee is no longer working outside the state of Alaska and thus, the department is no longer liable for employer taxes or fees effective the date listed above.		
_____	_____	_____
Department Signature		Date
<b>MAU Personnel Use Only</b>		
<b>PEAEMPL DATA ENTRY:</b>	District/Division Code: <i>(Change to AK location)</i> _____	
	<i>(If residence above is Alaska, then remove prior entry. Otherwise, enter location listed above.)</i>	
	Legal Tax Residence State: _____	
	Employee's Tax Locality: <i>(Remove prior entry)</i>	
<b>PDAEDN DATA ENTRY:</b>		
End State Withholding Deduction next available pay run:		
Payroll Run: _____		
<b>Send completed form to SWOHR</b>		
Completed By: _____ Date: _____		
<b>SWOHR Staff Use Only</b>		
<i>Review child support/garnishment orders for modification:</i>		
<input type="checkbox"/> No active order	<input type="checkbox"/> Modified order needed	<input type="checkbox"/> No change needed
Completed by: _____	Date: _____	
<i>Send completed form to the following departments:</i>		
SW Risk Management: <b>All forms</b> (Fax Number 907-450-8151)		
SW Labor Relations: <b>If employee covered by Collective Bargaining Agreement</b> (Fax Number 907-450-8231)		
SW Training Director: <b>If employee has supervisor responsibilities</b> (Fax number 907-786-6139)		
Completed by: _____	Date: _____	