



University of Alaska  
Work Outside of Alaska

Employee ID	TKL	Work Phone
Last Name	First	M.

Complete this form if the employee's work assignment outside of Alaska lasts or will last more than 30 consecutive days or if the employee is, or will be, working outside the state of Alaska for any length of time and is a legal resident of a state other than Alaska during their assignment outside the state of Alaska.

**Employee Information**

State and/or country of legal residence: \_\_\_\_\_

Location of living quarters: \_\_\_\_\_ (Complete physical address including zip code)  
\_\_\_\_\_

**Work Location (Attach the completed applicable state withholding worksheet):**

New	Revised	Begin Date*	End Date	Work Location ( Complete physical address including zip code) *
<input type="checkbox"/>	<input type="checkbox"/>		Complete the "Cancellation of Work Outside of Alaska" form when you return to work in Alaska.	
<input type="checkbox"/>	<input type="checkbox"/>			

*\*If dates or locations change, please notify your MAU HR office by completing another form.*

**Work Activities (ex: research, admin support, lobbying, teaching distance ed, etc):**

\_\_\_\_\_

I authorize the University of Alaska to reduce my salary in an amount equal to the required state, local, and/or foreign income tax withholding and any other required applicable employee taxes associated with my work assignment outside the state of Alaska.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Department Information**

Department Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Email: \_\_\_\_\_

ECLS of Job: \_\_\_\_\_

**Is the employee working outside of Alaska a supervisor? If so, check the applicable category:**

- Lead:** Provides day-to-day guidance, training, and direction for staff in addition to other duties. Regularly assigns and reviews work. Is fluent in assigned area of responsibility.
- Supervisor:** Hires, trains, evaluates performances, and initiates corrective action, or effectively recommends these actions.
- Second Line Supervisor:** Supervises other supervisors.

**Business Reason for assignment (please attach a copy of the telecommuting agreement with employee):**

\_\_\_\_\_

I understand that the employee's department will be responsible for costs associated with foreign and state employer taxes and fees while this person is on assignment outside the state of Alaska. Foreign and state employer taxes will be charged to the default labor (fund and orgn) on the employee's job record.

\_\_\_\_\_  
Department Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
MAU Approval

\_\_\_\_\_  
Date

**MAU HR Use Only**

Form sent to SWOHR By: \_\_\_\_\_

Date: \_\_\_\_\_