

Out-of-State Employment Exception Form

Name of Employee or Applicant			
Job Title			
Unit/Department			
Current Home Address		Date of Request	
Proposed Work Address		Name of Person Submitting Request	
Job Family/FTE Status		Direct Supervisor	
FLSA/Over-time Status		Visa Status of Employee or Applicant	
Please describe the primary job responsibilities and duties of the employee or applicant. <i>Please specify the dates of this temporary appointment.</i>	Temporary	Permanent	
	Start Date:	End Date:	
Please describe any special accomplishments/credentials of the employee or applicant.			
Please describe any clinical, research, or teaching duties of the employee or applicant, if any.			
Please describe any grant or extramural funding that the employee or applicant has, if any.			
Please specify the reason(s) that this individual's out-of-state work is essential to the mission of the University, including any significant benefits to the University.			

SIGNATURES		
I certify by my signature below that, I have reviewed the nature of this out-of-state employment request and agree that it is essential to the mission of the University. The department also agrees to pay the annual administrative fees associated with this request and understands any changes to this request will require further review.	The Office of Institutional Compliance (OIC) will obtain the applicable remaining signature below. As such, please submit the Exception Request form to the following email box and let us know if you have any questions about the review process: uthealtherm@uth.tmc.edu For office use only. Date OIC Received: _____	
_____ DEPARTMENT/DATE _____ DEAN OR ADMINISTRATIVE EQUIVALENT OR DESIGNEE/DATE	For management A&P and classified positions, Vice President & Chief Human Resources Officer or designee _____ VP & CHIEF HUMAN RESOURCES OR DESIGNEE/DATE	For faculty, academic A&P and general A&P positions, Senior Vice President for Academic and Faculty Affairs or designee _____ SVP FOR ACADEMIC AND FACULTY AFFAIRS OR DESIGNEE/DATE

Employee Out of State Remote Work Arrangement Request

Name of Employee or Applicant			
Current Home Address		Date of Request	
Proposed Work Address (include county)		Name of Person Submitting Request	

ACKNOWLEDGMENT

By submitting this request and signing below, I acknowledge that it is my responsibility to read and understand HOOP 230 (Out of State Work), HOOP 228 (Remote Work), which are available to me at <https://www.uth.edu/hoop/policies.htm>. I acknowledge that if UTHealth Houston grants permission for me to work in the city and county that I disclosed above, that I am not allowed to exceed the scope of this work authorization by working outside of the approved work area. I also acknowledge that UTHealth Houston reserves the right to end my out of state remote work arrangement and require in-person attendance for meetings and work. I understand that my primary responsibility as a UTHealth Houston employee is to accomplish the duties and responsibilities assigned to me in my position. As such, I recognize and acknowledge that it is my responsibility to obtain prior approval and disclose any outside activity, consistent with HOOP 20, which includes outside employment or other compensated activities. I understand that my employment with UTHealth Houston is at-will, and may be terminated at any time and for any reason, including the lack of funding.

FULL PRINTED NAME

SIGNATURE

DATE: