

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 additional cost associated with this request and understands any changes to this request will require further review.	For faculty, academic A&P and general A&P positions, please submit request to the Senior Vice President for Academic and Faculty Affairs or designee. Submit for approval to: kevin.a.morano@uth.tmc.edu	For management A&P and classified positions, please submit request to Vice President & Chief Human Resources Officer or designee. Submit for approval to: karen.k.spillar@uth.tmc.edu
_____ DEPARTMENT/DATE _____ DEAN OR ADMINISTRATIVE EQUIVALENT OR DESIGNEE	_____ SVP FOR ACADEMIC AND FACULTY AFFAIRS OR DESIGNEE	_____ VP & CHIEF HUMAN RESOURCES OR DESIGNEE
DATE:	DATE:	DATE: