OUT-OF-STATE/PRIMARY HIRING / WORK RADIUS REMOTE WORK APPROVAL FORM

To have an out-of-sate I % CE] uZ] OEEQ v P OÉA } QEµI • employment CE < µ • š reviewed and approved (new hire or relocation), Hiring Manager/Director must complete the following information v } š] v v • • % OE QCE } À o • (} CE (µ OE ÁvZ OE }] µ OP š• }			
EMPLOYEE/APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
UID#	EMAIL	PHONE	
DEPARTMENT			
DIVISION/SCHOOL			
JOB TITLE			
INDICATE STATUS: FT PT			
CURRENT ADDRESS (including State/County)			
NEW ADDRESS (including State/County)			
EFFECTIVE DATE OF OUT-OF-STAT E/PRIMARY WORK RADIUS			
EXPECTED END DATE OF ASSIGNMENT			
BUDGET #			
ACCOUNT CODE FOR ADMINISTRATIVE FEES			
Please state the University business purpose for assignment out- of- state:			

OUT-OF-STATE/PRIMARY HIRING /WORK RADIUS REMOTE WORK APPROVAL FORM APPROVAL SIGNATURE PAGE

HIRING MANAGER/DIRECTOR	DATE
PRINT NAME AND TITLE	
DEAN/VICE PRESIDENT	DATE
PRINT NAME AND TITLE	
PRINT NAME AND TITLE	
For Academic Schools (Provost Sigr	nature required)
PROVOST	DATE
PRINT NAME	
VICE PRESIDENT FOR HUMAN R	ESOURCES/CHRO DATE
PRINT NAME	
Transmittal to:	
Talent Acquisition: talentac@pace.edu	DATE
	5/112
Benefits/Compliance: benefits@pace.edu	DATE
Payroll: payroll@pace.edu	DATE
Copy sent to employee	
.,	DATE

Once form is fully approved with all required signatures, this form will be sent back to the Academic Dean/Vice President/Director. This Oof-State Remote Work Agreement is valid for one calendar year. It must be reviewed, and a new approval form submitted and signed on an annual basis.