

Department/Unit must complete and sign this form.
 Please submit completed form to the Tax Office:
 Email: taxofc@uw.edu

Remote Work Abroad Request Form

ACADEMIC PERSONNEL/STAFF/STUDENT EMPLOYEE* INFORMATION

Name		EID	
Country of Citizenship		Country of Residence	
Academic Personnel/Staff/Student Employee Status	Current <input type="checkbox"/>	Prospective ¹ <input type="checkbox"/>	<i>only for sponsored research conducted abroad¹</i>
U.S. Work Authorization (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Visa Type (if applicable)		Expiration Date	

EMPLOYMENT INFORMATION

Department/Unit		Position	
Employment Start Date		Employment End Date	
U.S. Bank Account	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Employee work abroad starts/started		Date Employee plans to return to the U.S.	

Please explain why academic personnel/staff/student employee needs to temporarily work remotely from outside of the United States: e.g., *employee is experiencing a delay in obtaining a visa due to COVID-19 impacts or attending to a family health emergency. Attach or include the request and explanation from requesting employee*

If the work will be longer term, and specifically related to a research project which requires the work to be conducted in the specific location abroad., describe the duties to be performed:

Research - Is the funding source for this position from a research grant or contract?

Yes

Attach a copy of eGC1

Budget Number

Principal Investigator Name

No

Teaching - Will the academic personnel/staff teach a course in this remote location for which students will receive credit toward a degree?

Yes No Appointment budget number *(if applicable)*:

Does the work involve Military (DOD) or Space (NASA) applications?

Yes No

REQUESTING EMPLOYEE CERTIFICATION

Employees permitted to work abroad are responsible and liable for addressing and resolving compliance obligations associated with their time abroad, including, but not limited to, income and social taxes, health and other types of insurance, foreign bank account reporting, and immigration/appropriate visa requirements. The UW is unable to provide any personal or legal tax advice.

I certify my understanding of the compliance obligation and requirement to return to the UW after the designated period to continue employment, and the information I've provided is accurate and complete.

Name

Signature

Date

DEPARTMENT/UNIT APPROVAL

Name Dean/Chancellor, Vice President/Vice Provost or other Senior leader reporting directly to the President or Provost	Signature	Date

For Office Use Only

Reviewed by		
	Name	Date
Decision/Comments		