

**CASE WESTERN RESERVE UNIVERSITY**  
**Out-of-State Employment Approval Form**

**Employee Information**

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Work Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Out-of-State Work Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Position Title: \_\_\_\_\_

Exempt or Non-Exempt (circle one):      Exempt       Non-Exempt

**Supervisor Approval**

Approved     Not Approved

Supervisor Name (Print): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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

**VP / Dean Approval**

Approved     Not Approved

VP/Dean Name (Print): \_\_\_\_\_

VP/Dean Signature: \_\_\_\_\_

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

### **Departmental Fee Acknowledgment**

By approving this request, the department acknowledges and agrees to the one-time \$10,000 out-of-state employment fee associated with establishing or maintaining employment in the requested state.

### **Compliance Acknowledgment**

The employee and approving leadership acknowledge that out-of-state employment is contingent upon compliance with all applicable state and federal employment, tax, and regulatory requirements. The employee must notify the University of any change in work location, and required HR and payroll documentation must be completed prior to the effective date of relocation.

### **Out-of-State (OOS) Compliance Manager Acknowledgement**

Approved    Not Approved

OOS Specialist Name (Print): \_\_\_\_\_

OOS Specialist Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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

By signing above, the OOS Compliance Manager confirms that the requested out-of-state employment arrangement has been reviewed for compliance with applicable state employment, tax, and regulatory requirements.