

REMOTE WORKSITE AGREEMENT - CHANGE OF WORKSITE LOCATION REQUEST

*This request must be submitted and approved **prior** to the effective date of the worksite location change. If there are additional changes to the original agreement, a new Remote Worksite Agreement must be submitted, this request will not be sufficient.*

Employee Information

Employee Name: _____

EMPL ID: _____

Title: _____

Dept. #: _____

Dept. Name: _____

Supervisor: _____

Remote Worksite Location

Current location of remote worksite:

Address

County

City, State

ZIP

Country

Requested effective date of change: _____

Requested new location* of remote worksite:

Address

County

City, State

ZIP

Country

*If the requested worksite location is in a different **state** or **country** than the previous approved worksite location, the supervisor must contact the payroll accounting specialist in the Payroll Office to determine what legal issues, paperwork, and additional costs may be involved at the requested location. This information, along with cost estimates will be provided in writing and must be included when submitting the remote worksite change of worksite location request.

OUT-OF-STATE WORKERS COMPENSATION COVERAGE

OFFICE OF SAFETY

Tel: 701-777-3341

Fax: 701-777-4132

UND.safety@und.edu

Department: _____

Dept Contact Person: _____

Dept Contact Phone: _____

Supervisor: _____

Employee Name: _____

Birth Date: _____ EMPLID: _____

Start Date: _____

Anticipated End Date: _____

Requested Location of remote worksite (worksite address):

Address

County

City, State

ZIP

Country

Brief Job Description:

The type of building where the employee's office will be located when performing UND work-related duties (If the employee is working out of his/her home or apartment, the type of building, dwelling, office building, college or school, etc. will need to be reported).

The number of stories of the building where the employee's office will be located when performing UND work-related duties.

Projected Gross Annual Payroll (If you have an employee that makes \$50,000 annually but of that amount, only \$10,000 applies to his/her work in another state, only report the \$10,000 projected payroll for that particular state.)

\$ _____

Signature

Employee

Date

Supervisor

Date

*If the requested worksite location is in a **new** state or country, the following signatures are required for final approval. The statement of review from the payroll accounting specialist must be attached.

Vice President

Date

AVP Human Resources

Date

Send completed form to UND HR: UND.humanresources@UND.edu