Please select one of the following:

Remote Work Abroad Request

Work abroad requests must meet one of the following conditions in order to be eligible for review. Please see the Remote Work Abroad Policy for additional guidelines.

My work in a foreign country is ☐ Required to perform my employment duties with UW ☐ Required as part of a grant or fellowship ☐ Due to an unforeseen personal emergency
If your request does not meet one of the above criteria, is not approved by your unit, or is submitted with less than 4 weeks prior to departure, the remote work abroad request may be denied.
For requests that are eligible for review, no work abroad arrangements should be made until the request has been approved. The Office of Global Affairs will follow up directly with the employee and the unit head once the review is complete.
Completed requests should be emailed to the Office of Global Affairs: globaloperations@uw.edu
Name (individual completing the form) Email (individual completing the form)
Supervisor or unit (HR/EA/Director etc.) point of contact for requesting employee
aculty/Academic Personnel/Staff/Student Employee Personal Information
First name (Employee) Last name (Employee)
IW Email
ountry of citizenship: Country of current residence:

Country proposed for work a	ibroad:	
Date of departure*	Date of return to the U.S.	Total number of days abroad
*Note: this should be 4 weeks prior to request submission		
Passport expiration:	Visa expiration (if applica	able):
Are you on, or do you have a No Yes	visa request in process for, a	UW-sponsored visa?
If yes, include the type of US v	isa you hold:	
Will you need a sponsored vi No Yes	sa in the country that you into	end to work in?
If yes, include who is sponsori	ng the visa:	
Have you traveled to the req personal travel? No Yes	uested country of work in the	past 12 months for any reason, including
If yes, include the number of c	lays:	

OFFICE OF GLOBAL AFFAIRS

UNIVERSITY of WASHINGTON

Is the funding source for this position from a sponsore ☐ No ☐ Yes* *Note: a copy of the agreement or contract sho	
If you have instructional duties at UW, is your position No Yes N/A	n funded by State funds?
UW Information Systems and Security	
Is the proposed work abroad location listed as a Depa No Yes	rtment of State Level 4 country or region?
Does the work require the development or accessing information, or any other controlled/restricted information. No Yes	
Does the work involve military or space technology? No Yes	
List any physical items that will be transferred to the devices, samples, and equipment):	remote work location (including electronic
List any additional software that will be used in the resuite):	emote work location (excluding standard Office

the precautions you are taking whe	n accessing UW information	n systems while abroad:
Acknowledgement		
Senior leader of unit/department	& Employee supervisor	
States for a designated period of tir compliance with HR, employment, a unit/department. I acknowledge the agreement, including but not limite responsibility of our office. I accept employee to work abroad in accord	me, while maintaining their of and reporting requirements at any financial obligations i and to employment, tax, or inf the responsibility and risk, of lance with the information p	ncurred as a result of this work abroad formation security laws, are the on behalf of our office, for the proposed
Name (Department Chair/Unit Hea	d) Signature	Date
Name (Senior leader, reporting to the President or Provost)	Signature	Date
Name (Supervisor)	ੁ Signature	Date

UW Employee

I acknowledge that as an employee of the University of Washington, if permitted to work abroad, that I am liable for addressing and resolving compliance obligations 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; any financial obligations incurred in association with this work abroad request will be my responsibility.

I certify my understanding of the compliance obligations and requirement to return to UW after the designated period to continue employment. I certify that that information that I have provided is accurate and complete.

Name (Employee)	Signature	Date	