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| **REQUEST FOR OUT-OF-STATE WORK**  **This form is required for approval of any request for an employee to work outside the State of Wisconsin (“out-of-state”) other than temporary or ad hoc arrangements 30 days or less in duration. All fields must be completed as designated. For the “Required Acknowledgements” section, parties should refer to Wisconsin Human Resources Handbook (WHRH) Chapter 748 Remote Work prior to providing their acknowledgement to ensure that all relevant criteria and potential implications have been taken into consideration. Note that for work in “neighboring states” as defined in WHRH Chapter 748 (i.e., Minnesota, Iowa, Illinois or Michigan) the “Required Acknowledgements” section does not need to be completed. Once completed this form should be submitted to the Division of Personnel Management general mailbox:** [**DOADPM@wisconsin.gov**](mailto:DOADPM@wisconsin.gov) | | | | | | | |
| **EMPLOYEE/AGENCY INFORMATION** | | | | | | | |
| Date of Request: | Employee Name: | | | | | | |
| Agency: | Job Title/Classification: | | | | | | |
| Duration of Request (Note: request must be reviewed annually): | State in Which Work is to be Performed: | | Nature of Work to be Performed: | | | | |
| **reason for request** | | | | | | | |
| Please provide a summary of the business reason for making this request, including a description of the business impact on the agency’s operations if the request were to be denied: | | | | | | |
| **By completing and submitting this request, the agency acknowledges that it is responsible for any additional costs associated with out-of-state work if the request is approved.** | | | | | | | |
| **required approvals** | | | | | | | |
| Supervisor: | | | | | | Date Approved: | |
| Appointing Authority/Designee: | | | | | | Date Approved: | |
| **required ACKNOWLEDEGMENTs** | | | | | | | |
| IT: | | | | | | Comments: | |
| Agency Risk Management or DOA Risk Management if the agency does not have its own staff: | | | | | | Comments: | |
| Central Payroll: | | | | | | Comments: | |
| Agency Legal: | | | | | | Comments: | |
| Human Resources: | | | | | | Comments: | |
| **DOA Secretary’s office review** | | | | | | | |
| Request Approved | | Request Denied | | | Needs Additional Information | | |
| Comments: | | | | | | |
| Secretary / Designee Signature | | | | Date Signed | | | |