

Out-of-State Employment Request Form

INSTRUCTIONS		
<p>If otherwise in accordance with the Remote and Hybrid Team Member Policy (Policy), team members may work in a full-time remote work arrangement outside Missouri, upon the written recommendation of the appointing authority, subject to the approval of the Commissioner. For further information, including regarding factors that may be considered when making a recommendation, please see Section III.D. of the Policy.</p>		
TEAM MEMBER INFORMATION		
NAME (LAST, FIRST)		CURRENT TEAM MEMBER Y <input type="checkbox"/> N <input type="checkbox"/>
REMOTE WORK LOCATION ADDRESS (STREET, CITY, STATE, ZIP CODE)		
DIVISION	JOB TITLE	SUPERVISOR NAME
TYPE OF OUT-OF-STATE REQUEST AND RECOMMENDATION		
Please select one of the options below.		
HIRING OUT-OF-STATE APPLICANT		
Explain the basis for recommending hiring this out-of-state applicant.		
CURRENT TEAM MEMBER MOVING OUT-OF-STATE		
Explain the basis for recommending continued employment of this team member who is moving out-of-state.		
OTHER		
Other circumstances may show a need for a team member to work out-of-state. Please provide details of this situation and justification as why this arrangement benefits the organization.		
APPROVAL		
Please type your name and date below to approve this Out-of-State Employment Request.		
IMMEDIATE SUPERVISOR NAME		DATE
APPOINTING AUTHORITY		DATE
SIGNATURE OF COMMISSIONER OR DESIGNEE		DATE
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	