



Acknowledgement of Work Abroad

Employee Information

Last Name:		First Name:	
Employee ID:	Hire Date:	U.S. Citizen: Yes No	
Work Location:		Dates Abroad From: To:	

Department Information

Department Name:	Department Representative:
Department Representative E-mail:	Department Representative Phone Number:

The employee above will be employed by Florida State University while physically working outside the United States. The employee and the employee's supervising department acknowledge that if they enter U.S. borders for any reason (vacation, family emergency, etc.), for any period of time (day, week, etc.) during their employment, they must notify FSU Human Resources prior to their arrival.

Prior to resuming work upon entering the United States, the employee must complete a Form I-9, Employment Eligibility Verification, and proof of work authorization must be submitted to FSU Human Resources.

By signing below, you acknowledge the statement above.

_____ Employee Signature		_____ Date
_____ Supervisor/Dept. Chair Signature	_____ Print Name	_____ Date
_____ Dept. Head/Dean/Director Signature	_____ Print Name	_____ Date