



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: (850) 644-6034
 Fax: (850) 645-4670

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