



**Acknowledgement of Work Abroad**

**Employee Information**

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

**Department Information**

<b>Department Name:</b>	<b>Department Representative:</b>
<b>Department Representative E-mail:</b>	<b>Department Representative Phone Number:</b>

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.

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