EMPLOYMENT OUTSIDE UNITED STATES
REQUEST FOR INFORMATION/ASSISTANCE

# *Please fill in this information as completely as you can. The more information you provide us, the better we can assist you.*

If you are considering having a person perform work for your unit outside the United States, please provide the available information to the *Employment Outside the United States Working Group* at eous@umn.edu for assistance with handling the situation appropriately.

Name of unit:

Unit contact information:

Name:

Position:

Email address:

Phone number:

Why is the unit arranging to have someone work outside the United States?

What is the funding source for the work?

Information regarding work that will be performed:

 Location (city, country):

 Length of engagement:

 Full-time or part-time:

 If part-time, what percentage?

 General nature of the work duties:

Information regarding who will be performing the work:

 [ ]  The individual is not identified yet. OR

 [ ]  The individual is identified.

 Name:

 Nationality:

Employee ID/Vendor ID:

 Current residency:

 Current employer:

 Has this person worked for the University previously? [ ]  Yes [ ] No

 If yes, provide details.

Information regarding intended compensation for the work:

 [ ]  Do not know. OR

[ ]  The unit intends to treat the individual as an independent contractor. OR

 [ ]  The unit intends to treat the individual as an employee:

Amount/form of proposed compensation:

[ ]  The unit intends to provide the individual with:

 [ ]  Health insurance coverage

 [ ]  Life insurance coverage

 [ ]  Retirement coverage

 [ ]  Housing allowance

 [ ]  Hazard pay

 [ ]  Other