



EMPLOYEE INFORMATION

Name: _____
First Middle Last

Person Number: _____
Oracle Person Number

Home Address: Principal place of residence, established as your home for employment, payroll and tax purposes. It does not include temporary lodging, secondary homes, or locations used solely for convenience or travel.

Street Address City State Zip

Indicate one: Faculty Staff

Department Name College/School (for faculty) Division (for staff)

Justification for Out of State Work Request (add additional sheet if needed):

I certify that the information I provided on this request is true and accurate.

Employee Signature Date

DEPARTMENTAL RECOMMENDATION

Name: Provide Chair for faculty or Supervisor for staff RECOMMENDED

Print Name Signature Date YES NO

Name: Provide Dean for faculty or Director/Department Head for staff

Print Name Signature Date YES NO

Submit completed form to hrservicecenter@memphis.edu

FINAL APPROVAL/DENIAL DECISION – to be completed by Committee

Print Name Signature Date YES NO