

**OUT-OF-STATE/PRIMARY HIRING/WORK RADIUS REMOTE WORK APPROVAL FORM
APPROVAL SIGNATURE PAGE**

HIRING MANAGER/DIRECTOR **DATE**

PRINT NAME AND TITLE

DEAN/VICE PRESIDENT **DATE**

PRINT NAME AND TITLE

For Academic Schools (Provost Signature required)

PROVOST **DATE**

PRINT NAME

VICE PRESIDENT FOR HUMAN RESOURCES/CHRO **DATE**

PRINT NAME

Transmittal to:

Talent Acquisition: talentac@pace.edu _____
DATE

Benefits/Compliance: benefits@pace.edu _____
DATE

Payroll: payroll2@pace.edu _____
DATE

Copy sent to employee _____
DATE

Once form is fully approved with all required signatures, this form will be sent back to the Academic Dean/Vice President/Director. This Out-of-State Remote Work Agreement is valid for one calendar year. It must be reviewed, and a new approval form submitted and signed on an annual basis.