



International Remote Work Justification Process

Form Completion:

The **International Remote Work Justification Form** must be completed jointly by the employee and their supervisor for any request to work remotely from an international location for more than twenty-one consecutive calendar days.

Signatures:

After completing the form, both the employee and supervisor must sign it.

School/College/Division/Department Human Resources Review:

The supervisor submits the signed form to the School/College/Division/Department (S/C/D/D) Human Resources office.

S/C/D/D HR will:

- Review the request for alignment with the university's remote work policy.
- Indicate approval or denial.
- Note that S/C/D/D approval is not final.

If the S/C/D/D denies the request, the process ends here.

Submission to OHR:

If the S/C/D/D approves the request, the S/C/D/D HR must email the completed form to the OHR Remote Work Inbox: remotework@ohr.wisc.edu. This submission initiates the Chief Human Resources Officer (CHRO) review.

CHRO Review:

The CHRO will:

- Evaluate the request for institutional compliance, risk, and policy alignment.
- Issue final approval or denial decision.

Final Outcomes:

If Approved by the CHRO

- The OHR Remote Work Team notifies the employee, supervisor, and S/C/D/D HR of the final approval.
- A copy of the approved agreement is sent to S/C/D/D HR for recordkeeping and compliance tracking.
- The employee may begin international remote work only after receiving written confirmation of final approval.

If Denied by the CHRO

- The OHR Remote Work Team notifies the employee and supervisor of the denial.
- The employee will continue working from an approved in-state or out-of-state authorized work location.
- If appropriate, the employee may revise and resubmit the request after addressing the concerns identified during the review.





International Remote Work Justification Form

Employee Information

Name:

Employee ID:

Department:

Position:

Current Work Location:

Requested International Remote Work Location/Headquarters Location:

Requested Remote Work Period:

Justification for Remote Work

Please describe the specific duties and responsibilities you will perform while working remotely from an international location and how you will maintain performance, accessibility, and accountability during this period.



Please explain how this arrangement supports the University of Wisconsin–Madison’s mission and values, including advancement of the Wisconsin Idea, excellence in teaching, research, service, and operational effectiveness.

Address how the proposed arrangement benefits the University (e.g., continuity of operations, global engagement, talent retention, academic or administrative outcomes, or institutional responsiveness) while ensuring that all job expectations, compliance requirements, and service commitments are met without disruption.



Impact Assessment

Work Impact

Identify any potential challenges and how you plan to address them.

Team Impact

Explain how your remote work will affect your team and collaboration. Include any plans to maintain communication and productivity.

Research Impact

Are you paid or will you be paid on sponsored projects, i.e., funds 133, 142, 143 or 144?

If yes, please provide all relevant information, including conversations that you had with RSP and/or program sponsor to confirm support for international remote work.

Technology and Security

Describe what type of data you will be working with (See [definitions](#)):

Public

Sensitive

Internal

Restricted

Can you confirm that you have the necessary technology and secure access to perform your duties remotely.

Yes

No



Include any discussions you have had with your IT department to mitigate risks.

Detail any additional security measures you will take if applicable.

Employee Agreement

- I understand that approval of this request is subject to institutional policies and may be revoked at any time.
- I agree to comply with all applicable laws and regulations in the remote work location.
- I will maintain regular communication with my supervisor and team.

Employee Signature:

Date:

Supervisor Review

Approval Status:

Approved

Denied

Comments:

Supervisor Signature:

Date:

S/C/D/D HR Review

Approval Status:

Approved

Denied

Comments:

HR Signature:

Date:

CHRO Review

Approval Status:

Approved

Denied

Comments:

CHRO Signature:

Date: