**International Engagement Request Form (Outside the U.S.)**

*Instructions:* Departments seeking to engage an individual to perform services outside the U.S. for GW or to place a GW employee on an assignment outside the U.S. must complete this form and submit it to their Associate Dean for Faculty Affairs or Dean Designee for faculty, HR Representative for staff or School Research Administrator for sponsored research projects to initiate the review process. *Note*: The GW Worker Classification Form is only to be used for work to be performed in the U.S.

All requests require the approval of the appropriate unit head, dean, or vice president of the appropriate business unit. Each request will be evaluated by appropriate GW offices, in accordance with applicable laws of the U.S. and of the country where the international engagement will take place. This is a fillable form; **please do not complete by hand.**

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| Date: Click here to enter a date. | |
| Name of Requestor: Click here to enter text. | |
| Title of Requestor: Click here to enter text. | |
| School/Division: Click here to enter text. Department: Click here to enter text. | |
| Phone Number: Click here to enter text. | Email Address: Click here to enter text. |

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| **WORKER INFORMATION** | | | | |
| Title of Position for International Engagement: Click here to enter text. | | | | |
| Engagement Begin Date: Click here to enter a date. | | End Date: Click here to enter a date. | | |
| Name of Individual for International Engagement: Click here to enter text. | | | | |
| Current GW Employee: Yes  No  GWID (if applicable): Click here to enter text. | | | | |
| Current Home Street Address: Click here to enter text. | | | | |
| City: Click here to enter text. | State: Click here to enter text. | | | Zip Code: Click here to enter text. |
| Country: Click here to enter text. | | | | |
| Phone Number: Click here to enter text. | Email Address: Click here to enter text. | | | |
| Country or Countries of Citizenship: Click here to enter text. | | | | |
| Requested Fee/Payment: Click here to enter text. | | | Currency: Click here to enter text. | |
| International Assignment Location Address: Click here to enter text. | | | | |
| City: Click here to enter text. | State / Province: Click here to enter text. | | | |
| Postal Code: Click here to enter text. | Country: Click here to enter text. | | | |
| Full-Time or Part-Time: Click here to enter text. | | | | |

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| **ENGAGEMENT INFORMATION** |
| 1. Provide a description of the work to be performed (include a copy of the scope of work/agreement with the individual): Click here to enter text. |

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| 2. How was the individual selected? (e.g. Current or former employee, bid, referral, etc.): Click here to enter text. | |
| 3. Once the scope of work is determined, does GW have the right to further supervise or control how the worker must complete the work (other than general scope)? Yes  No | |
| If “yes,” explain: Click here to enter text. | |
| 4. What types of reports are required from the individual, if any?  Click here to enter text. | |
| 5. What specific training and/or instruction is the individual given by GW personnel?  Click here to enter text. | |
| 6. At what location(s) does the individual perform services (ex. Country? Own campus/office, home, etc.)? Click here to enter text. | |
| 7. List any meetings the individual is required to attend  (project meetings, staff meetings, etc.). Indicate the frequency. Click here to enter text. | |
| 8. Has the individual invested in facilities or equipment (computer, phone, Yes  No  etc.) to perform the services? | |
| 9. Will GW provide equipment, office supplies, or other materials? Yes  No | |
| 10. Is the individual being considered uniquely qualified to perform the work? Yes  No | |
| 11. Does the individual perform similar services for other organizations/clients? Yes  No | |
| 12.How will GW represent the individual to its stakeholders  (employee, partner, contractor, etc.)? Click here to enter text. | |
| **SUPERVISOR INFORMATION** | |
| Name of Person Supervising the International Engagement: Click here to enter text. | |
| Title of Person Supervising the International Engagement: Click here to enter text. | |
| GWID of Person Supervising the International Engagement: Click here to enter text. | |
| Phone Number: Click here to enter text. | Email Address: Click here to enter text. |
| Work Location: Click here to enter text. | |
| **APPROVAL INFORMATION** | |
| Approver Name: Click here to enter text. Approver Title: Click here to enter text. | |
| Approver Phone Number: Click here to enter text. Approver Email: Click here to enter text. | |
| Approval Signature:  (Associate Dean for Faculty Affairs, HR Representative, OVPR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Tax Department Review**  Process to Pay via Accounts Payable  Process to Pay as Employee via International Payroll or Staffing Firm  **Signature and Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments**: Click here to enter text. | |

Last edited 5/5/17 ka