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# **International Remote Working Request Form**

**Section A – Personal Details**

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| --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Title:** | | |  |
| **Forename(s):** |  | **Known As:** | | |  |
| **Line Manager:** |  | **College / Department:** |  | | |
| **Position Title:** |  | | | | |
| **Reason for Request:** |  | | | | |
| **Date From:** | | **Expected Date of return to the UK:** | |  | |
| *\*This request could potentially have implications on Tax and Social Security, as well as other terms and conditions of employment, such as LWA payments, may be affected. Tax advice for overseas work may be required in order to mitigate tax risks.* | | | | | |
| **Nationality:** |  | **Do you hold any other Nationality? If yes, please state:** | | |  |
| **Do you have the legal right to work in the requested country (Y/N).**  **If (Y), please confirm the type of immigration document.** |  | **Please provide information regarding the dates of any prior visits to this country within the past 12 months:** | | |  |
| **Requested work address** | **Address 1** |  | | | |
|  | **Address 2** |  | | | |
| **Postal / Zip Code** |  | **Country** | |  | |

**Section B – Employee Agreements**

**You agree that:**

* This arrangement is subject to you obtaining any necessary visas (if applicable), and the terms and conditions set out in this letter shall not come into or remain in force without such authorities.
* If you require personal advice regarding tax, social security, immigration, or employment obligations in the host country, you may seek it from a local advice service at your own expense.
* Working abroad during this period will be counted towards the day threshold within the host country, which may result in you being considered a permanent resident of the host country for tax and social security purposes.
* You must register for personal medical coverage during your stay overseas.
* Any income tax or employee social security liabilities that may result from your decision to work remotely from abroad will be at employee’s expense.
* Filing of any necessary personal tax returns and declaration will be your responsibility.
* You will be responsible for covering the expenses associated with travel costs.
* You are strictly not authorized to enter into contracts with any local customers or suppliers while in the host country.
* It is your responsibility to ensure that you have the necessary technology and arrangements in place to effectively work from the host country. You will be responsible for maintaining private internet connection and ensuring that you have access to all necessary equipment and safe software to perform your duties.
* You are required to comply with all applicable public health and local laws in the host country.
* Your employment contract will continue to be governed by UK law & jurisdiction.
* You fully acknowledge and accept that you are working from another country at your own risk and that your employer will not be liable for any costs incurred as a result of your approved request.

**Employee**

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| --- | --- | --- | --- | --- | --- | --- |
| *Declaration:*  I agree that the information on this form and data supplied by Brunel University London any Global Mobility partner necessary to the administration of my Remote working request may and be entered into a computer database. The relevant data may be released to regulatory authorities, and any other organisations retained by Brunel University London who provide related expatriate services, in order that they may fulfil their proper obligations and that data may be transferred overseas. | | | | | | |
| **Name:** |  | **Job Title:** |  | **Date:** |  |
| **E-Signature:** |  | | | | |

**Head of Department (budget holder)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Declaration:*  I agree that the above request to work remotely outside of the UK is complete to the best of my knowledge. I have considered any tax implications this may have and agree that should our global mobility partners be required for further investigation or information the department will uphold the costings for this. | | | | | | |
| **Name:** |  | **Job Title:** |  | **Date:** |  |
| **Department sub project code:** | |  | | | |
| **Has the Executive Dean been consulted and approved this request (Y/N):** | |  | | | |
| **E-Signature:** | |  | | | |