



OUT-OF-STATE WORKERS COMPENSATION COVERAGE

Department: _____ Dept Contact Person: _____

Dept Contact Phone: _____ Supervisor: _____

Full Name of Employee: _____ Birth Date: _____ EMPLID: _____

Start Date: _____ End Date: _____

Physical address of the employee's home office when performing work-related duties for UND:

Address : _____

City: _____ State: _____ Zip: _____

Physical address of out-of-state place of employment if not working from home office when performing work-related duties for UND:

Address: _____

City: _____ State: _____ Zip: _____

Brief Job Description: _____

Projected Gross Annual Payroll (Gross amount paid by UND for the employee working while out of state.) If the employee makes \$50,000 annually but only \$10,000 applies to his/her work while in another state, only report the \$10,000)
\$ _____

The type of building where the employee's office will be located when performing UND work-related duties
(If the employee is working out of his/her home or apartment, the type of building, dwelling, office building, college or school, etc. will need to be reported).

The number of stories of the building where the employee's office will be located when performing UND work-related duties (If the employee is working out of his/her home or apartment, the type of building, dwelling, office building, college or school, etc. will need to be reported).

Please complete the information and send to:

OFFICE OF SAFETY: 3851 Campus Rd. Stop 9031 Grand Forks, ND 58202
Tel: 701-777-3341 Fax: 701-777-4132 UND.safety@UND.edu