

The University of Michigan

Personal Data Form for Faculty and Staff Living **AND** Working Outside of the State of Michigan

Purpose of this form: State of current residence and state of work assignment data must be collected for faculty and staff who live **AND** work outside of the State of Michigan, if that work is for more than 90 consecutive work days. This **does not** apply to faculty and staff who live and work outside the U. S. This data will be used for Workers Compensation coverage.

Instructions:

1. Each time this form is submitted, Section I must be completed.
2. If you live **AND** work outside of the State of Michigan, complete the information in Section II of this form. Include your state of current residence and state of work assignment. **"State of current residence" is defined as "where you are physically living, even if only temporarily"**. This may be different than the state that is used to file income taxes. Include estimated begin and end dates for this assignment if exact dates are not known. If your estimate for the begin and end dates changes by more than 2 weeks, please submit a corrected form.
3. If you relocate your residence to Michigan, complete the information in Section III of this form.
4. Sign, date and return this form to HRRIS, 4073 Wolverine Tower, Ann Arbor, MI 48109-1281. A copy should also be submitted to your department.

SECTION I: Personal Data

Complete the following data including your University ID, department and your name as it currently appears on your U.S. Social Security card. Only include your Social Security Number if you do not know your University ID number.

UMID _____ U.S. Social Security # _____ Department _____

Last Name _____ First _____ Middle _____

SECTION II: State of Current Residence and State of Work Assignment

Current Residence (where you are physically living, even if only temporarily)

City, State and Zip: _____

State of Work Assignment _____

Out-of-State Work Assignment: Begin date _____ End date _____

SECTION III: Relocating to Michigan

Date on which you are relocating your residence to the State of Michigan _____

Faculty/Staff or Administrative Designee Signature
Form #30006

Phone Number

Date