

## Yale Form 3505 FR.01 Out-of-State (U.S.) Hiring & Placement Questionnaire

Revised 2/1/2019

Submission Information									
Submitted by (name):						Date:			
State Requested:		Employee Name (if applicable):							
Supervisor Name:					HRG:				
Department:					•				
Desired to farmer them.									
Position Classification:	Position Information								
Position Classification:				<ul><li>☐ Temporary M&amp;P</li><li>☐ Temporary C&amp;T</li></ul>	☐ Fixed Duration; if so, length of duration:				
		ostgraduate A	ssociate	☐ Postdoctoral Associate	☐ Other; describe:				
Position Title:					Position	Grade:			
Position Description							•		
(condensed):									
0-1					O1 F				
Salary:				Auticinated Fuel Date	Grant Fu		☐ Yes	□ No	
Anticipated Start Date:				•	Inticipated End Date: New Position:			☐ Yes	□ No
Transfer of Existing Employee:	□ Ye	☐ Yes ☐ No		If transfer, is this the same	f transfer, is this the same position employee is in currently?			☐ Yes	□ No
Physical Location (address) where the									
work will be performed:									
Business Purpose Information									
Has the request received HR and LA approval? ☐ Yes ☐ No									
If a new position, was this		□ Yes	Explain	12					
position posted, and were other candidates interviewed?		□ No							
Was position reviewed for		☐ Yes	Explain	:					
independent contractor vs.		□ No							
employee status?									
University business need for this out-of-state work location:									
tino out of state work location.									
What is the technical support									
plan (e.g., laptop use, phone,									
etc.)?									
What is the management support plan?									
Support plant.									
Review Committee Use Only									
Are there currently employees w		vorking in th	is state?	☐ Yes ☐ No					
Institutional cost-benefit analysis:									
Institutional recommendations:									
Committee construct			Error! - !:	. 1					
Committee approval:		☐ Yes	Explain	•					
		140							
Date responded to depart	ment:								