

# LONG-TERM TRAVEL ASSIGNMENT

The following information and signatures are required as soon as it is anticipated (usually at the beginning of the assignment) that an employee will be in long-term travel status for longer than 6 months in-state or longer than 30 days out-of-state. Although this form should be completed for all long-term travel, it is not mandatory if the employee is in long-term travel status for less than 6 months in-state or less than 30 days out-of-state.

**Signatures are required for travel:**      IN-STATE (6 months or longer) OR      OUT-OF-STATE (30+ days).

Completion and signatures on second page are required if the travel is anticipated to (or does) exceed one year or the travel is out-of-state for 30+ days.

Travel details must be provided promptly (before travel begins) to your department's fiscal office and the Department of Administration, Division of Finance ([doa.dof.payroll.travelmoving@alaska.gov](mailto:doa.dof.payroll.travelmoving@alaska.gov)). The information is necessary to ensure the employee's per diem is handled in compliance with IRS regulations governing long-term travel and to evaluate any out-of-state withholding requirements. If the State makes payments to an employee for lodging, meals, and other travel expenses while the employee is on long-term travel which is expected to or does exceed one year in duration, such payments are taxable as compensation to the employee (consider reviewing the document [Income Tax Implications of Long-term Per Diem](#)). Identifying such payments early in the travel status is preferable to avoid issuing an amended W-2 after the fact.

Department	Division	Section		
Employee Name		Employee Vendor Number		
Job Title		AMHS ONLY	Seamen/Waterway	Shoreside
Bargaining Unit	Duty / Workstation	Seasonal Employee	YES	NO

## Travel Status Information

Anticipated Start Date		Anticipated End Date	
Location			
Project(s)			
Project Anticipated Start Date		Project Anticipated End Date	
Dates of Interruption(s) for Seasonal Shutdown of the Project			
Estimated Percentage of Time Employee Will Work at this Travel Location This Calendar Year			%
Estimate of percent of time employee worked at this travel location (out of the total time actually worked during the calendar year) each of the last 2 calendar years (provide dates):			
Last Year	%	Dates	
Year Before	%	Dates	
Include this same information for other projects to which it is anticipated this employee will be or has been assigned at this location (or other locations), whether concurrent with this project, prior to it, or following it, even though the project(s) may be individually of less than six months (but greater than one month) in duration, and in separate calendar years.			

Supervisor Signature	Date
Department Administrative Services Approval	Date
DOA, Division of Finance Approval	Date

# LONG-TERM TRAVEL ASSIGNMENT

Employee Name	Employee Pay Vendor Number
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It is anticipated the above-named employee will be in long-term travel status (at the location referenced on the previous page) for a period which is anticipated to exceed or has exceeded one year. **The employee has been advised that per diem paid at this location is taxable (IRS one-year rule).**

It is anticipated the above-named employee will be in long-term travel status (at the location referenced on the previous page) for a period which is anticipated to be 30 days or more for out-of-state travel. **The employee has been advised that there may be income tax consequences placed upon wages earned during this assignment (dependent on the income tax laws of the State assigned).**

Justification as to why it is in the State's best interest to continue to pay per diem rather than move the employee to the location of the project(s) is detailed below (items which should be considered in the analysis include the anticipated per diem and other travel costs, cost of moving the employee and family, geographic salary differential, other projects at this location to which the employee is or could be assigned, any other relevant information).

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Employee Signature	Date
Supervisor Signature	Date
Department Administrative Services Approval	Date
DOA, Division of Finance Approval	Date