**Agency Request for Extension of Job Appointment**

Revised: 3/2018

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| **AGENCY/APPOINTMENT INFORMATION** | | |
| Agency Name: | Personnel Area Number: | Date of Request: |
| Employee Name: | Employee Personnel Number: | |
| Contact Info: HR Staff Name, E-mail, Phone Number (including area code): | | |

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| **POSITION INFORMATION**  **(Attach: Position Description & Organizational Chart)** | | | | |
| Position Number: | Job Title: | | Reports to (Job Title): | |
| Start Date of original JA: | End Date of original JA: | Requested extension date: | | Duration of extension: |

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| **Extension is needed for the following reason** (**pick one):** | |
|  | To fill a position for which there is a need for a specific, limited period of time, i.e., there is a definite time frame attached to the situation. Examples include special projects for a limited duration, work overload/staffing shortages for a limited duration, or emergency situations. |
|  | To substitute for another employee while on extended leave, on detail to special duty to another position or on leave of absence for another type of appointment. |
|  | Other |

**Explain in detail why a temporary appointment is needed to continue. (Required)**

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**What is the type and duration of the funding source for this temporary appointment? (Required)**

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| Signature of Appointing Authority or Designee**:** |
| Title of Person Signing this Request: Date: |

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| **FOR CIVIL SERVICE USE ONLY** | | |
| **Date Received at SCS:** | **Commission Date:** | **Consultant Initials:** |
| **Consultant Comments/Notes:** | | |