

Request Type

1.

research)

Request to Extend Job Assignment

When completed, please submit the final form to HR Information Systems at hris@gwu.edu. The HR Business Partner will be notified of the successful completion of this request by HRIS.

2. Employee Informati				_
Employee Legal Name	First Name	Middle Name	Last Name	
GWID		Division/School		
Original Start Date		Position Number		
Physical Work Location (Address)	n	Position Designation	on	
3. Transaction Details				
Revised End Date		Total Hours Worked in Past 12 Months*		
What is the reason for	the request to exten	d the temporary job?		
Schedule Hours/Week				
*For temporary jobs only 3. Approvals - route to	o next appropriate a	pprover		
	Print Name	Signature		Date
HR Business Partner				
Finance Director				
OVPR (Only if funded by research)				
HR Director (Only if total duration of job is longer than 18 months for				