DIVISION OF HUMAN RESOURCES – COMPENSATION ADMINISTRATION DEPARTMENT

REQUEST TO EXTEND A TEMPORARY/WAGE ACCOUNT POSITION

NOTE: A Personnel Action Form (PAF) must accompany this request.

Employee Name ___________________________________________________________

Status of the Temporary/Wage Account Position: ____Primary Position ______Additional Position

Department Requesting the Extension ________________________________________

1). What was the original planned duration of the temporary/wage account position?
   
   Start date __________  End date __________

2). How many hours in the current fiscal year, to date, has the employee worked in the temporary/wage account position?

   Total Hours: _______  Hours Counted Through: ___________ (provide the date)

3). What is the reason for the request to extend the temporary/wage account position?

4). What is the revised end date?

5). What is the schedule? [Number of Days and Hours Per Week]

6). What will be the consequences if the extension of the temporary/wage account position is not approved?

Department Signature _______________________________________  Date __________

(For Administrative Use Only)

Primary Job: _____ Temporary _____ Regular

EOD: ____________________

Current Total FYTD Hours: ______

Current Total EYTD Hours: ______ From: ________ To: __________

Previous EYTD Hours:

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