SOUTHERN OREGON UNIVERSITY

Temporary Support Staff Appointment Extension Request

Human Resource Services
Phone 541-552-6315 / Fax 541-552-8508

To request an extension, this form must be completed at least one month prior to the 1040 maximum.

Date _____ Department _____

Contact Person _____ Phone Number _____

Name of Temporary Employee _____

Working Title _____

Initial Date of Temporary Appointment _____ Number of Temporary Hours Worked as of the Date _____

Pay Index Code/Split _____ _____ _____ _____ _____

Reason(s) for Extension Request (Use a separate sheet of paper if necessary) - This request certifies that:
- The temporary employee will perform the same work as described in the original appointment request AND
- There is no reasonable alternative to getting the work done.

Please explain reason(s):

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Extension Period: from (date) _____ to (date) _____

Estimated number of additional hours _____

Hiring Approval Signatures (Sign and route in this order)

1. Chair/Mgr	Date	4. HR/Affirmative Action	Date
2. Dean/Director/Dept. Head	Date	5. Budget Director	Date
3. Vice President	Date		

cc: ○ Dept. ○ Budget ○ Payroll ○ HR File

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