

State Universities Civil Service System

REQUEST FOR EXTRA HELP EXTENSION

To be completed by the Employer's Designated Employer Representative (DER), Human Resource Director or designee.

Employer Information

Date: _____
University/Agency: _____
Employment Location: _____
HR Contact: _____
Telephone #: _____ Fax #: _____

Employee/Position Information (Individual/Group)

Individual or Small Group Exemption Request (1-5 employees/positions):

Employee(s) Name Classification Position Number Original Appointment Date Current Hours Worked

Planned start date: _____ Planned end date: _____

Provide a description of duties that the Extra Help employee(s) will be expected to perform, the classification(s) most directly responsible for these duties, and the department(s) and/or work area(s) to which they will be assigned:

If this request is a reapplication for the same employee/position or for a small group, list the total number of hours each employee worked under the previous authorized extension.

Employee(s) Name

Total Number of Hours Worked

Large Group Exemption Request (6 or more employees/positions)

Please note the classification(s) and provide the estimated number of employees and positions to which the extension will apply:

Classification(s)

Estimated Number of Employees

Estimated Number of Positions

Planned start date: _____

Planned end date: _____

Provide a description of duties that the Extra Help employee(s) will be expected to perform, the classification(s) most directly responsible for these duties, and the department(s) and/or work area(s) to which they will be assigned:

If this request is a reapplication for a large group, list the total number of employees in the group and the total number of hours the group worked under the previous authorized extension.

Total Number of Employees in Group

Total Number of Hours Worked

Other Employment Considerations

Are there employees on the re-employment register in the classification(s) to be utilized in the extension?
Yes No

Is the classification(s) represented by a collective bargaining agreement? Yes No

If yes, what union?

Have appropriate employee groups been notified of the extension request? Yes No

Describe the employee group response to the request:

Justification for Extension

Provide a detailed explanation of the need and justification for the extension, along with the following information:

- Any previous history and implications regarding similar requests.
- List of alternative employment or operational actions considered.
- A brief explanation of any proposed permanent solution to resolve the need for further extensions.
- A brief explanation of the consequences if an extension request is denied.
- Any other pertinent information.

The undersigned hereby certifies that the information supplied herein is true and accurate to the best of your knowledge and the Extra Help extension request made herein is for the same work performed as of the time of the initial Extra Help Appointment and no other reasonable means exists to meet this defined temporary employment and/or operational need.

Signature of Designated Employer Representative

Date

Executive Director's Action

- Request for Extension has been approved for period of _____, ending on _____.*
- Request for Extension is being returned without approval. (See Attached.)*

Executive Director

Date