

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: \_\_\_\_\_

Tele #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Employee/Position Information (Individual/Group)**

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

<u>Employee(s) Name</u>	<u>Classification</u>	<u>Position Number</u>	<u>Original Appointment Date</u>	<u>Current Hours Worked</u>
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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

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**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:

<u>Classification(s)</u>	<u>Estimated Number of Employees</u>	<u>Estimated Number of Positions</u>
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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.

<u>Total Number of Employees in Group</u>	<u>Total Number of Hours Worked</u>
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**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:

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**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*

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***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*