

Request to Extend Job Assignment

Temporary Job

Limited-Term Job

1. Employee Information

Employee Legal Name	First Name	Middle Name	Last Name
Employee GWID	G	Division/School	
Original Start Date		Position Number	

2. Transaction Details

Revised End Date		Total Hours Worked in past 12 months*	
What is the reason for the request to extend the temporary job?			
Scheduled Hours/Week*			

**For temporary jobs only*

3. Approvals – Route to next appropriate approver

	Print Name	Signature	Date
HR Representative			
Finance Director			
OVP <i>(Only if funded by Research)</i>			
HR Director <i>(Only if total duration of job is longer than 18 months for staff or 36 months for research)</i>			

Submit completed form to HR Information Systems at hris@gwu.edu

The HR Representative will be notified of the successful completion of this request by HRIS.