



Visiting Extension Request Form

Academic Professional

Faculty

Date of Request:

UIN:

Position Title:

Employee Name:

Original Hire Date:

Length of Extension Date:

Department Contact:

Contact Email:

College:

Department:

Reason for Extension: (Please use attachments if necessary)

Explain the specific reason for the extension, including a detailed description of the function and duties of this position and the direct impact of not extending this appointment on core and essential business operations.

If the expiration date of the appointment is less than three (3) months from the date of this request, explain why a search was not launched and/or completed prior to this extension.

Approvals:

Search Coordinator

Office for Access and Equity

Approval Date: