



## Visiting Extension Request Form

Academic Professional

Faculty

Date of Request:

UIN:

Position Title:

Employee Name:

Original Hire Date:

Extension Begin Date:

Extension End Date:

Has this position already received an extension?

If yes, please provide prior extension dates:

Yes

No

Begin Date:

End Date:

*\*Please note, OAE will not approve extensions that are more than 1 year beyond the original term.*

Department Contact:

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: