

Request to Extend Support Staff Position Vacancy

Employee Group: AESES ☐ IUOE ☐ CMP ☐

Unit/Department _____

Position Title _____

Position Classification _____

Incumbent _____

Justification for Extension _____

Current Contract Start date: _____ Current Contract End Date: _____

Extension End Date: _____

Category: Full time _____ Part Time _____% Hours of work per week _____
(Variable: provide range of hours)

Salary Range _____ Benefits & Pension [] Benefits Only [] Pension Only [] None []

Funded by Operating _____% Grant Funded _____%

Funds Available _____ Account number(s) _____

Hiring Manager _____
Name Date

Approved by _____
Dean/Director Date

Approved by _____
Vice-President Date

Approved by _____
Director, Budget Administration Date

Vacancy Management Approval _____ Date _____