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| **POSITION INFORMATION** |
| MAJOR AGENCY CODE      | PERSONNEL AREA CODE       | AGENCY/DEPARTMENT – OFFICE – DIVISION      |
| CURRENT OFFICIAL CLASSIFIED WAE TITLE       | POSITION NUMBER      | JOB CODE      |
| CURRENT INCUMBENT’S NAME      | PERSONNEL NUMBER      | PAY LEVEL      |
| EFFECTIVE DATE OF APPOINTMENT      | ONE YEAR APPOINTMENT EXPIRATION DATE      | NUMBER OF HOURS REQUESTED      | DELEGATED[ ]  YES [ ]  NO |  MASTER JOB DESCRIPTION[ ]  YES [ ]  NO |



CLASSIFIED WAE REQUEST TO EXCEED 1245 HOURS

SCS RULE 23.6(a)

Form Creation Date: 1/2014

**Please answer all questions:**

1. How many hours has the employee already worked in this position? On average, how many hours a week does the employee work?

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1. Please provide justification explaining how this position is needed on a temporary basis. Why is the position not a full-time probational appointment or job appointment?

*Example: need to replace an employee on extended leave, for a short-term/long-term project, to assist existing staff for a short-term period, etc.*

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1. If this position is for a project what is the anticipated end date?

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1. Why does the current incumbent need to continue performing these duties? Do they possess specific qualifications and/or skills that are necessary to perform the duties?

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1. Is this the first extension of hours request for this employee? If not, when was the last extension of hours given and how many hours were granted for the extension?

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| **AGENCY APPROVAL** |
| **SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE** |
|  **DATE:**       |
| **TITLE OF PERSON SIGNING THIS REQUEST** |
|       |
| **CONTACT INFORMATION (HUMAN RESOURCES CONTACT)** |
| NAME |       |
| EMAIL |       | **PHONE NUMBER** |       |
| REQUIRED ATTACHMENTS *Check to indicate attachments.* |
| [ ]  Organizational Chart  | [ ]  Classified WAE Position Description | [ ]  Previous Hours Extension (if applicable)  |