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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) | |