

Extra Help Extension Request Form

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| Date: | | |
| Department Name: | | Fund Number: |
| Department Head: | | |
| Description of Request: | | |
| Department Head Signature: | | |

Extra Help Employee History:

| Employee Name | Start Date | Hourly Rate | YTD Hours FY | YTD Earnings (+OT) | Requested Extension |
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| HR Review By: | | | |
| See Attached, verification Extra Help Report. | Name <i>HR Staff</i> | Signature | |
| Request Approved: <input type="checkbox"/> | | | |
| Request Denied: <input type="checkbox"/> | Name <i>Director of Human Resources</i> | Signature | |
| Funding Source: | | | |
| Funding Available: Yes <input type="checkbox"/> or No <input type="checkbox"/> | Name <i>Deputy CEO-Budget & Fiscal</i> | Signature | |
| Request Approved: <input type="checkbox"/> | | | |
| Request Denied: <input type="checkbox"/> | Name <i>County Executive Officer</i> | Signature | |
| Comments: | Date: | | |