

### Extra Help Extension Request Form

Date:	
Department Name:	
Department Fund#:	
Department Head:	

Hours Requested (maximum of 240 hours) \_\_\_\_\_

Before requesting an extension please confirm that your employee is complying with the Affordable Care Act hour limits of **1508 hours** within initial measuring period and annual measuring period. Below is an explanation:

**Initial Measuring Period:** For employees within their first year of employment only. To determine initial measuring period calculate hours from 1st of the month following their date of hire for one year. Example: Employee hired 5/2/2021: Initial Measuring Period 6/1/2021-5/31/2022.

**Annual Measuring Period:** For all employees, including new hires. To determine annual measuring period calculate hours from 11/2-11/1 of each year. Example. Employee hired 5/2/2021: Annual Measuring Period 11/2/21-11/1/2022 and every year thereafter.

Description of Request Justification Summary:	
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Department Head Signature:	
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### Extra Help Employee History:

Employee Name/ID/Classification	Date of Hire	Hourly Rate	Date Reports Ran:
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To calculate hours use all hours paid, including extra-help, overtime, sick leave.

	Department Reports	HR Confirmed
FY 2022/2023 Hours (first pay period in July)		
Initial Measuring Period Hours (only first year of employment)		
Annual Measuring Period Hours (11/2-11/1 of each year)		

Request Approved <input type="checkbox"/>		
Request Denied <input type="checkbox"/>	<i>Human Resources</i>	Date: _____

B&F Funding Available: Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>		
	<i>Budget &amp; Finance/CEO</i>	Date: _____

Request Approved <input type="checkbox"/>		
Request Denied <input type="checkbox"/>	<i>County Executive Officer</i>	Date: _____

Comments:	Date: _____
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