

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 5/2/2025: Initial Measuring Period 6/1/2025-5/31/2026.

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 5/2/2025: Annual Measuring Period 11/2/25-11/1/2026 and every year thereafter.

Description of Request Justification Summary:

Department Head Signature:

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 2025/2026 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"/>		Human Resources
Request Denied <input type="checkbox"/>		

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

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

Comments:	Date:
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