

### Extra Help Extension Request Form

Date:			
Department Name:			
Department Fund#:			
Department Head:			
Hours Requested (maximum of 240 hours)			
<p>Before requesting an extension please confirm that your employee is complying with the Affordable Care Act hour limits of <b>1508 hours</b> within initial measuring period and annual measuring period. Below is an explanation:</p>			
<p><b>Initial Measuring Period:</b> 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.</p>			
<p><b>Annual Measuring Period:</b> 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.</p>			
Description of Request Justification Summary:			
Department Head Signature:			
<b>Extra Help Employee History:</b>			
Employee Name/ID/Classification	Date of Hire	Hourly Rate	Date Reports Ran:
<p>To calculate hours use all hours paid, including extra-help, overtime, sick leave.</p>			
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		Date:
Request Denied <input type="checkbox"/>			
B&F Funding Available: Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>	Budget & Finance/CEO		
Request Approved <input type="checkbox"/>	County Executive Officer		Date:
Request Denied <input type="checkbox"/>			
Comments:	Date:		