



Office of Human Resources & Employee Relations

REQUEST FOR EXTENSION OF SHORT-TERM / SUBSTITUTE
(Non-academic) Non-continuing Assignment
HR-5

Date: _____

TO VICE PRESIDENT OF HUMAN RESOURCES

ALL FIELDS MUST BE COMPLETED - PRINTED OR TYPED

Name of Employee: _____ Position/Title: _____

Department/Division: _____ Rate of Pay: _____/Hour

Supervisor: _____

Reason for Request: Extend Employment to (Date): _____

Substitute: Exceeded 60 Calendar Days Maximum = mandatory reduction in hours to a maximum of 25 hrs/week.

Beyond the initial 60 calendar days maximum for an additional _____ days @ 25 hrs/week max.

Short-Term: 100 days or 999 hrs maximum per fiscal year.

Beyond the initial 100 day limit for an additional _____ days.

Anticipated # Hrs per week: _____ x Total number of weeks: _____ = Total Hrs Projected: _____

Brief Justification: _____

Total Cost Estimate: _____ X _____ = _____
Total Hrs Projected Rate of Pay Total Cost

FOAP: _____

Estimated Budget Impact: _____
(Total Cost)

IMPORTANT NOTICES:

- Substitutes may work a maximum of 60 calendar days/2 months @ 40hrs/week. Beyond this there will be a mandatory reduction in hours to a maximum of 25 hrs/week.
Short-term employees cannot exceed 999 hrs or 100 days worked in a fiscal year or they will be required to be enrolled in the Public Employees Retirement System.
Days are counted regardless of number of hours worked per day.

Requesting Dean or Director: _____

Date: _____

Print

Signature (Route to Applicable Executive Council Member)

Applicable Executive Council Member Print

Applicable Executive Council Member Signature Date

[] Denied
(Return to Requester)

[] Approved
(Route to Business Serv)

Executive Director, Business Services Signature Date

[] Denied
(Return to Requester)

[] Approved
(Route to Human Resources)

*** ABOVE SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO HUMAN RESOURCES ***

FOR HR USE ONLY - Please do not complete this area.

[] Extension of Assignment is in compliance with Education Code Section 88003

Human Resources Representative Signature _____ Date _____