

Human Resources Division
Compensation Office
7 East 12th Street, 2nd Floor
New York, NY 10003-4475
(212)998-1260
compensation@nyu.edu

For Compensation Office Use Only		
File:	Unit:	Yr.:
Date Approved:		
Approved By:		

Request For An Extension Of Employment (Code 115)

Name: _____ Requested End Date: _____
Employee ID: _____ Unit: _____
Rate: _____ Dept: _____

Please check the category below which describes this employee and complete the chart for the twelve week period prior to the employee's end date.

Work hours are 14 per week or less
Work schedule is intermittent (Employee is not on a regular work schedule and is periodically asked to work).

OR

Explain below why you believe an exception to the Code 115 Extension guidelines should be approved (e.g., a part-time regular position is to be created).

Please provide account funding information:

Account	Fund	Org	Program	Project	
Week:	Pay Period:		Total Hours Per Week:		Comments**
1	4/1/96—4/7/06		12		
2	4/8/96—4/14/96		0		Employee not scheduled to work.
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
12	Total:				

* Indicate "0" if no hours worked
** State reason in comments field for any weeks with "0" hours worked (e.g., holiday, etc.)

Signature of Human Resources Officer _____ Date _____