

Commonwealth



Temporary Clerical Pool

WORK ORDER EXTENSION REQUEST

REQUEST DATE: _____

AGENCY: _____

WORK ORDER NUMBER	CLASS	SCHEDULED END DATE	REQUESTED END DATE
<input type="text"/>	CLERK <input type="checkbox"/> TYPIST <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE NAME(S):	ATS USE ONLY			
	A/D	NEW END DATE	M	O NOTIFY AGENCY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

JUSTIFICATION:

IN ORDER TO RECEIVE CONSIDERATION, EXTENSION REQUESTS MUST BE RECEIVED BY ATS NO LATER THAN 10 WORKING DAYS PRIOR TO THE SCHEDULED END DATE OF THE WORK ORDER.

AUTHORIZED SIGNATURE _____ DATE _____ PHONE _____