|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Employee Name:* | | |  | | | *PERNR:* |
| *Effective Date:* | | | /    / |  | | Position # 4 |
|  | | | | |
| Received Date: | | |  | | | | BHR Tracking #: |
|  | **Request for BHR Pre-Approval of Extension of Limited Term Position (up to two years) *(Attach copy of original classification request authorizing creation of position.)*** | | | | | |

**Date:**    /    /\_\_\_\_\_

The \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ needs to extend the limited term position # 4

Bureau Name

Job # 3      Job Title       assigned to Org Unit # 2

From its previously approved ending date of    /    /\_\_\_\_\_ to a new ending date of    /    /\_\_\_\_\_.

The work assigned to this position has not changed.

The work assigned to this position has changed. *(Please explain how it has changed below or attach an updated description.)*

**Fiscal Analysis: (*This section must be completed. If requesting to extend the position for 3 months or longer this form will be forwarded to the City Budget Office for approval):***

1. What is the additional cost of the extension of this position (including benefits, if applicable)?
2. How will the extension of this position be funded?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Requesting Bureau:** | | | | | | | |
|  |  |  |  |  |  | | |
|  | Bureau Director or Designee |  | Date |  |  | | |
|  | | | | | | | |
| **Financial Review (CBO):** | | | | | Date to CBO: | | |
|  |  |  |  |  | **🞏 CBO: Approved** | | |
|  | City Budget Office Analyst |  | Date |  | **🞏 CBO: Not approved** | | |
|  | CBO Comments: | | | |  | | |
|  | | | | | | | |
| **Extension Approval (BHR):** | | | | | | | |
|  |  |  |  |  | **🞏 BHR: Approved** | | |
|  | Class/Comp |  | Date |  | **🞏 BHR: Not approved** | | |
|  | BHR Comments: | | | | | Position Management | **HRBP:** |