

**THE GEORGE WASHINGTON UNIVERSITY**  
WASHINGTON DC

**HUMAN RESOURCE SERVICES – STAFFING AND COMPENSATION SERVICES DIVISION**

**REQUEST TO EXTEND A TEMPORARY/WAGE ACCOUNT POSITION**

**NOTE: A Change in Status (CIS) Form must accompany this request.**

<b>Employee Name</b> _____		
<b>Status of the Temporary/Wage Account Position:</b>	_____ <b>Primary Position</b>	_____ <b>Additional Position</b>
<b>Department Requesting the Extension</b> _____		

- 1). What was the original planned duration of the temporary/wage account position?  
Start date \_\_\_\_\_ End date \_\_\_\_\_
  
- 2). How many hours in the current fiscal year, to date, has the employee worked in the temporary/wage account position?  
Total Hours: \_\_\_\_\_ Hours Counted Through: \_\_\_\_\_ (provide the date)
  
- 3). What is the reason for the request to extend the temporary/wage account position?
  
- 4). What is the revised end date?
  
- 5). What is the schedule? [Number of Days and Hours Per Week]
  
- 6). What will be the consequences if the extension of the temporary/wage account position is not approved?

Departmental Signature \_\_\_\_\_ Date \_\_\_\_\_

(For Administrative Use Only)

**Primary Job:** \_\_\_\_\_ Temporary \_\_\_\_\_ Regular

**EOD:** \_\_\_\_\_

**Current Total FYTD Hours:** \_\_\_\_\_

**Current Total EYTD Hours:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous EYTD Hours:**

Hours: _____ From: _____ To: _____	Hours: _____ From: _____ To: _____
Hours: _____ From: _____ To: _____	Hours: _____ From: _____ To: _____
Hours: _____ From: _____ To: _____	Hours: _____ From: _____ To: _____