

CALS Temporary Employee – Request to Extend Position

Please submit completed forms to <u>CALSExt.HR@uvm.edu</u>

| *Required field | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|------|
| * <u>Name of Candidate</u> : | * <u>Department:</u> | | |
| | | | |
| * <u>Supervisor:</u> * <u>Initial Hire Date:</u> | | | |
| *NEW Proposed End Date: *A | verage Hours Per Week: | | |
| <u>AEW Troposeu Enu Date.</u> <u>A</u> | verage mours i er week. | | |
| * <u>Reason continued work is required:</u> | | | |
| * <u>Chartstring(s) that will fund this position:</u> | | | |
| * <u>Is this a change to current funding?</u> | | Yes | No |
| Positions funded by non-sponsored projects or general/department funds require approval from Department Chair or <u>Financial Team</u> Lead, <u>please include this correspondence</u> . | | | |
| Any changes requested to pay rate or job duties: | | | |
| *Will any of the work for this position be complet | ed remotely? | Yes | No |
| If yes, a new <u>Telework Request</u> must be subr | nitted | | |
| * <u>Will any work for this position be completed ou</u> | <u>itside Vermont?</u> | _Yes | No |
| *If yes, was location approved by the <u>CALS</u> | SHR Team? | Yes | _ No |
| *If yes, is this location intermittent or temp | orary? | Yes | No |
| Please specify - temporary or intermittent out-of-state work location: | | | |

Those approved to work outside VT must renew the Electronic Out-of-State form