

6. Appointment Extension Request Form

Instructions: Complete the top of this form, obtain signatures and documentation required in Parts 1 & 2, and submit to [Allison Moriarty](#) 4 months in advance of 5-year service mark. In the event of parenthood, please submit the form at the time of the qualifying event. Please keep completed signed copy of the extension request when/if approved.

Questions? Email BWHORC@partners.org

Name:		Employee ID:
Date of Hire:	Current Appt. Ends:	
Department:		
HR Department Representative:		
Please check all that apply:		
<input type="checkbox"/> Parenthood (<i>automatic approval – explanation not required</i>)		
<input type="checkbox"/> Nature of research requires additional time		
<input type="checkbox"/> Appointee took extended and approved leave of absence		
<input type="checkbox"/> Undertaking additional training in different field/specialty or area of expertise		
<input type="checkbox"/> Other (<i>please indicate: _____</i>)		
Please explain the rationale and circumstances for this request. A letter of explanation may be attached:		
Requested Extension End Date (not to exceed one year):		
REQUESTING SPONSOR (Principal Investigator)		
Print Name: _____		
Signature:		Date:
RECOMMENDED BY (Department Chair)		
Print Name: _____		
Signature:		Date:
<i>SUBMIT FOR APPROVAL ONLY WHEN THE ABOVE SIGNATURES HAVE BEEN ACQUIRED</i>		
APPROVAL BY SENIOR VICE PRESIDENT, RESEARCH OPERATIONS		
Signature:		Date: