

## EMERGENCY HIRE EXTENSION FOR NON-STUDENT WAGE EMPLOYMENT

TO: Human Resources

FROM: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Contact Person

**SECTION 1. COMPLETE ALL REQUESTED INFORMATION:**

Employee Name	Employee VT ID Number		
Department Name	Department Phone Number	Department Number	
Job Title of Employee	Position Number	Wage Rate	
Fund Number	Hire Date	End Date	Hours Per Week
Name of Immediate Supervisor	Supervisor Phone Number		
Brief Job Description			

**SECTION 2. CHECK TYPE OF REQUEST:**

- Extension of Original Emergency Hire  
 Requested Date for Extension: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Document Reason for Request: \_\_\_\_\_
  
- Cooperative Education/Training Program
  - Attach Training Program Form
- Graduate - (who has completed degree requirements - to be employed on funded project to complete research)  
 Justification: \_\_\_\_\_
- On-Call Employment (Sporadic OR Continuous Employment of Less than 10 Hours per Week)  
 Describe Schedule: \_\_\_\_\_
- Approved Paid Internship/Field Study  

Field of Study	Department	Academic Advisor
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- Other (Please Attach Description of Special Request)

**SECTION 3. APPROVAL:**

\_\_\_\_\_  
Department Head \_\_\_\_\_  
Date

**Human Resources Use Only**

Conditions/Comments: \_\_\_\_\_

Request Approved by: \_\_\_\_\_  
Human Resources Authorized Representative \_\_\_\_\_  
Date