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| **REQUEST FOR O.P.S APOINTMENT EXTENSION – DEPARTMENT OF COMMERCE** | | | | | | | | | | | | | | | | | |
| TO: |  | | | | | | | From: | | |  | | | | | | |
| Extension of OPS Appointment is requested as indicated below: | | | | | | | | | | | | | | | | | |
| 1. Process Area: | | | | | 2. Process Unit: | | | | | | | | | 3. Funding Source: | | | |
|  | | | | |  | | | | | | | | |  | | | |
| 4. Justification: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 5. Extension: In the cumulative hours worked column, indicate the total hours worked within AWI as of the date of request. In the authorization requested column, indicate the total number of hours each employee is to be authorized. | | | | | | | | | | | | | | | | | |
| Name | | Social Security Number | | Office Location | | Cost Center | Position Number | | | EOD Date | | | Cumulative Hours Worked | | Extension Requested | | Authorization Requested |
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| 6. Requested By:  Authorized Signature: | |  | | | | | Title: | |  | | | | | | Date: |  | |
|  | | | | | | | | | | | | | | | | | |
| **For HRM Office Use Only** | | | | | | | | | | | | | | | | | |
| 7. AWI Action (HRM Use ONLY) | | |  | | | | RECOMMENDED | | | | | DISAPPROVED | | | | | |
| Authorized Signature: | |  | | | | | Title: | |  | | | | | | Date: |  | |
|  | | | | | | | | | | | | | | | | | |
| 8. Final AWI Action | | |  | | | | APPROVED | | | | | DISAPPROVED | | | | | |
| Authorized Signature: | |  | | | | | Title: | |  | | | | | | Date: |  | |
|  | | | | | | | | | | | | | | | | | |