Request to Extend Leave of Absence to Accept Unclassified Appointment Department Requesting: Date: Department Requesting Address: Social Security Number: Employee Name: Position Number: Unclassified Title: Permanent Title: Position Number: Is the employee on leave If yes, which Appointing Expiration Date of Leave of Absence: *Note: It is the appointing* Authority? authority's responsibility to to serve in an Unclassiensure the availability of a fied Appointment in position to accommodate another Appointing Through Date of Extension Request: the return from leave. Authority? YES Justification for Extension of Leave Signature of Personnel Officer State Records Processing Unit NJ Civil Service Commission PO Box 314 Trenton, New Jersey 08625-0314 Phone Number For NJ Civil Service Commission Use Only Approved by: Disapproved by:

Date:

Date: _