

Request to Extend Leave of Absence to Accept Unclassified Appointment

Department Requesting:	Date:
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Department Requesting Address:

Employee Name:	Social Security Number:
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Unclassified Title:	Position Number:
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Permanent Title:	Position Number:
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<p><i>Note: It is the appointing authority's responsibility to ensure the availability of a position to accommodate the return from leave.</i></p>	<p>Is the employee on leave to serve in an Unclassified Appointment in another Appointing Authority?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p>If yes, which Appointing Authority?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Expiration Date of Leave of Absence:</p> <p>_____</p> <hr/> <p>Through Date of Extension Request:</p> <p>_____</p>
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Justification for Extension of Leave

<p>Signature of Personnel Officer _____</p> <p>Phone Number _____</p>	<p>Send to: State Records Processing Unit Department of Personnel, PO Box 314 Trenton, New Jersey 08625-0314</p>
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For Department of Personnel Use Only

Approved by: _____	Disapproved by: _____
Date: _____	Date: _____

