

# Request for Agreement to Extend Term Assignment

Last revised: January 2019  
Last reviewed: January 2019  
Next review: January 2020

Public Service Commission

In accordance with PS/GE Collective Agreement, Article 6.2.3 F), the Ministry/Agency is requesting the SGEU's agreement to the extension of a term appointment.

- Allow a minimum of 30 days processing time. For example, for a position with a term end date of December 31<sup>st</sup>, ensure the application form is submitted prior to November 30<sup>th</sup>
- Ministry/Agency completes request form and submits to SGEU either through electronic mail at [ReginaReception@sgeu.org](mailto:ReginaReception@sgeu.org) or direct mail (1011 Devonshire Drive, REGINA, SK S4X 2X4)
- SGEU will review, authorize and return application to Ministry/Agency
- Ministry/Agency will forward approved application to the Human Resource Service Centre [HRSC@gov.sk.ca](mailto:HRSC@gov.sk.ca), prior to the expiry of the term appointment

Date (MM/DD/YY)

## Personal Information

Name \_\_\_\_\_ Number \_\_\_\_\_

Ministry/Agency \_\_\_\_\_ Employee's Initial Term Agreement: Day/Month/Year \_\_\_\_\_

Term Position Classification Level and Occupation \_\_\_\_\_

## Additional Information

Employee's Home Position Status:

- Term Employee
- Indefinite leave of absence from a:
- Definite leave of absence from a:
- Permanent Full-Time position
  - Permanent Part-Time position
  - Labour Service Position
  - Permanent Full-Time position
  - Permanent Part-Time position
  - Labour Service position

Employee's Home Ministry/Agency Location (if applicable): \_\_\_\_\_ Employee's Home Classification Level and Occupation (if applicable): \_\_\_\_\_

Request to extend employee from: (Day/Month/Year to Day/Month/Year)

Was this position posted at initial hire?  Yes  No

If no, explain reason why:

Select extension type and provide detailed reason for extension request:

Beyond 9 months time frame [Article 6.2.3 E]

Beyond 24 month time frame [Article 6.2.3 D]

**Supervisor/Manager Information**

Supervisor/Manager Name

Number

Email Address

Local Stop Steward

Supervisor/Manager Signature

Date

**To be completed by PS/GE Negotiating Committee Chairperson or Designate**

Extension Agreed to: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Day/Month/Year

Extension Not Agreed To

Comments:

Chairperson or Designate Name

Number

Chairperson or Designate Signature

Date