

# Short-Term Renewal of Staff Information Form

**NOTE: Use for extension of one month or less ONLY. Extensions of more than one month require a new Staff Information Form.**

Name of Employee: \_\_\_\_\_ ID #: \_\_\_\_\_ SIN: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Original End Date: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
YYYY / MM / DD

Please extend the work period for the above employee to \_\_\_\_\_  
YYYY / MM / DD

\_\_\_\_\_  
*Signature of Chair/Director/Grantee*

\_\_\_\_\_  
*Date*

## SEND FORM TO HUMAN RESOURCES

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Approved:

\_\_\_\_\_  
*Human Resources*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Finance*

\_\_\_\_\_  
*Date*