



RESEARCH FELLOW Appointment Extension Request

Exception to Five Year Limit

Name:		Employee ID:
Date of Hire:	Current Appt. Ends:	
Department:		
HR Department Representative:		
Reason for requesting an extension of this Research Fellow appointment beyond the maximum 5-year limit:		
Requested Extension End Date (not to exceed one year):		
REQUIRED SIGNATURES:		
REQUESTING SPONSOR (Principal Investigator)		
Print Name: _____		
Signature: _____ Date: _____		
RECOMMENDED BY (Service Chief)		
Print Name: _____		
Signature: _____ Date: _____		
<u>SUBMIT FOR APPROVAL ONLY WHEN THE ABOVE SIGNATURES HAVE BEEN ACQUIRED</u>		
APPROVAL BY EXCEPTION COMMITTEE CHAIR		
Print Name: _____		
Signature: _____ Date: _____		