



**Temporary Administrative Services Contract - Assignment Extension Request Form
Athena Consulting, LLC, (Contract #1069520)
MUST BE SUBMITTED TO OHR 15 DAYS PRIOR TO END OF ASSIGNMENT**

Requestor Information

Department: _____ Division/Section: _____
Hiring Manager Name: _____ Primary Billing Contact Name: _____
Hiring Manager Phone #: _____ Primary Billing Contact Phone#: _____
Hiring Manager Address: _____ Primary Billing Contact Address: _____

Temp Assignment Start Date: _____ Temp Assignment End Date: _____ (end date required)
Name of Current Temporary Contract Worker: _____
Requested New Temp Assignment End Date: _____ (Not to exceed 6 months)

Reason for Request for an Extension

State the reason for the request for an extension

Occupational Category of the Temporary Contract Worker

See occupational category descriptions for more details at
<http://www.montgomerycountymd.gov/HR/Recruitment/OtherResources.html#1>

Is there a change in the Work to be Performed? Yes No

If yes, please explain: _____

Department Approvals

Department Hiring Manager's Signature Date

Department Budget Approval Signature Date

Department Director's Signature Date

Upon department director approval, submit to Carey Couto, OHR, EOB 7th floor or email signed form to OHRTASC@montgomerycountymd.gov
OHR Review and Approval

HR Specialist Signature Date

OHR Director's Signature Date