

**FORM X
EXTENSION OF TIME**

DATE:	EMPLOYEE:
OFFICE/DEPT.:	AGENCY HEAD:

DATE MATTER BEGAN: _____

CURRENT STATUS OF MATTER: _____

EXTENSION

BOTH THE EMPLOYEE AND THE AGENCY HEAD AGREE TO EXTEND THE TIME ALLOWED BY THE PERSONNEL RULES FOR (set out the procedure or step for which an extension of time is agreed upon) _____ FROM THE CURRENT DUE DATE OF _____ UNTIL THE DATE OF _____

!! WARNING !!

IF THIS EXTENSION OF TIME IS NOT ON FILE WITH THE HUMAN RESOURCES DIRECTOR OR IF THE AGENCY HEAD HAS NOT SIGNED IT, THEN NO EXTENSION OF TIME SHALL BE CONSIDERED AS EFFECTIVE.

!! WARNING !!

_____ (Signature of Employee)	DATE:
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_____ (Signature of Agency Head)	DATE:
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UNAUTHORIZED DISCLOSURE IS PROHIBITED BY COUNTY ORDINANCE