**Employee Service Extension Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Department:** |  | **Form No.:** |  |
| **Date:** |  | | |

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | | |
| Employee ID |  | Designation / Job Title |  |
| Department |  | Date of Joining |  |
| Original Contract End Date |  | Supervisor / Manager |  |
| Employment Type | ☐ Permanent ☐ Contract ☐ Probationary | | |

**Section 2: Extension Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for Extension |  | Proposed Extension Period |  |
| Duration of Extension |  | Revised Contract End Date |  |
| Revised Terms (if any) |  | Approved Monthly Salary / Pay Rate |  |

**Section 3: Recommendation and Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Name / Designation** | **Signature** | **Date** |
| Immediate Supervisor |  |  |  |
| Department Head |  |  |  |
| HR Manager |  |  |  |
| Managing Director / CEO |  |  |  |

**Section 4: Acknowledgment by Employee**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, acknowledge that my employment with the organization has been extended as per the details mentioned above. I agree to abide by all the terms and conditions of this extension.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: HR Use Only**

|  |  |  |
| --- | --- | --- |
| **Item** | **Status** | **Remarks** |
| Updated in HR Records | ☐ Yes ☐ No |  |
| Updated in Payroll System | ☐ Yes ☐ No |  |
| New Contract Issued | ☐ Yes ☐ No |  |
| Notified to Accounts Department | ☐ Yes ☐ No |  |