



Contract Extension Request

Part I - To be completed by the Requester

Name : Badge No. :
Position : Mobile No. :
Employee E-mail : Extension No. : Gender :
Department : Cost Code :
Department E-Mail :

Date of Hire : Date of Birth : Current Contract End Date :

Program Sites : KSAU - Riyadh KSAU - Jeddah KSAU - Al Ahsa
 KAIMRC - Riyadh KAIMRC - Jeddah KAIMRC - Al Ahsa Postgraduate - Dammam

Type of Program Employee : PDH SANG

Field : Academic Non - Academic

Contract Extension Requested Date From : **To :**

Duration : Three (3) Months Six (6) Months

Justification :

- I am willing to extend my employment contract without ending it on the current re-contracting date and my end of service benefits will be paid at the end of the extended duration only
- I am aware that by doing so, I will not be entitled for any re-contracting benefits during the extended duration
- I hereby acknowledge that this will serve as an official notification for the required notice period as per APP 1431-20 : Employee Separation and Retirement

Employee Signature

Date

Dean / Department Head
(Name & Signature)

Date

Part II - To be completed by Respective Vice President / General Director (or equivalent)

Approvals : **Approved** **Disapproved**

Respective Vice President / General Director (or equivalent)
(Name & Signature)

Date

Part III - To be completed by Human Resources

Badge No. : Employee Name :

Date of Hire : Current Contract End Date :

Recommendations : **Recommended** **Not Recommended**

Remarks :

Director, Human Resources
(Name & Signature)

Date

Part IV - To be completed by Administrative & Financial Affairs

Approvals : **Approved** **Disapproved**

Remarks :

General Director, Administrative & Financial Affairs
(Name & Signature)

Date