

DEPT. OF ADMINISTRATIVE SERVICES



Date:

Agency Number:

Agency Name:

Employee Name:

Employee ID Number:

Current Training Deadline Date:

Requested Extension Deadline Date:

Explain in detail the reason why training cannot be completed by the current training deadline date above:

Procurement Certification Program

Employee Signature

Supervisor Signature

For DAS Internal Use Only

Approved

New Deadline Extension Date:

Denied Approval Authority Signature: