



## Retirement 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  One (1) Year

Justification :

- I hereby confirm that i am able to handle all the responsibilities assigned to me physically and mentally
- I am willing to extend my employment contract without ending it on 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, unless the approval is for one (1) year
- 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 Employee Health Clinic**

**Fit**

**Unfit**

Remarks :

\_\_\_\_\_  
**Healthcare Provider**  
(Name & Signature)

\_\_\_\_\_  
**Badge No.**

\_\_\_\_\_  
**Date**

**Part IV - 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 V - To be completed by Administrative & Financial Affairs**

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

\_\_\_\_\_  
**General Director, Administrative & Financial Affairs**  
(Name & Signature)

\_\_\_\_\_  
**Date**

**Part VI - To be completed by the President, KSAU-HS**

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

Three (3) Months               Six (6) Months               One (1) Year

\_\_\_\_\_  
**President, KSAU-HS**  
(Name & Signature)

\_\_\_\_\_  
**Date**