Please be aware that this request for an audit extension is no guarantee that an extension will be granted. Extensions *may* be granted for extenuating circumstances only. This form **must** be completed to submit an extension request.

|  |  |
| --- | --- |
| **Employer Name** | **Date** |
|  | Click or tap to enter a date. |
| **Employer Contact Person** | **Contact Number** |
|  |  |
|  |
| **Date of Certification** | **Type of Audit** | **Extension Date Requested** |
|  | Choose an item. | Click or tap to enter a date. |
|  |
| **Reason for Extension Request** |
|  |
|  |
| For Completion by the Program Certification Manager at S2SA |
|  |  |  |  |
|  | **Approved** | **Denied** |  | **Extension Granted Until** |
| Request: |[ ] [ ]   | Date: |  |
|  |  |  |
| Signature: |  |  | Date: | Click or tap to enter a date. |
|  | (Program Certification Manager) |  |  |  |