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) | | | | |  |  | |  | |