

Office of the VP of Research eSPEAR Extension Request Form

Name:	Email:
Department:	Employee ID:
assuming their position a maintain eSPEAR certific	stration staff are required to complete the eSPEAR certification within 6 months of and will be responsible for the completion of the yearly continuing education requirement to cation. Extensions to these requirements can be requested below and may be all and / or extenuating circumstances exist.
Please select the type of	extension being requested (Select only <u>ONE</u>):
Capstone Coul	uest to the 6-month requirement to complete the eSPEAR Certificate Program (including the rse). Please attach justification for this request. Up to Up to 60 days can be approved by requests require OVPR approval. This request requires supervisor approval below .
	uest to complete the eSPEAR certification continuing education requirement. Please attach r this request. This request requires supervisor approval below.
	is a request for an extension to completing fundamental requirements of this position y should be considered as part of the performance appraisal process."
Supervisor Approval:	
SRA Approval:	

All extension requests should be emailed to RSCH-Training@fsu.edu for review.