

DELIVERABLES EXTENSION REQUEST FORM

This document is used to request additional time on deliverables. Please complete all the required fields and submit request to DAODAS Program Manager for approval at least a week before due date of deliverable. Make sure to copy Lachelle Frederick, LFrederick@daodas.sc.gov on your request.

Provider Name: _____ Person Requesting: _____

Date of Request: _____

Deliverable: _____

Deliverable Due Date: _____

Extension Request Date: _____

Justification for the Request:

Program Manager: _____

Approval: Yes No

Comments:

Revised Due Date:

Form will be returned with DAODAS decision and comments.