



# ARIZONA DEPARTMENT OF TRANSPORTATION REQUEST FOR EXTENSION OF TIME

Project No. \_\_\_\_\_ TRACS No. \_\_\_\_\_ Request No. \_\_\_\_\_

Project Name \_\_\_\_\_ Contractor \_\_\_\_\_

Working Days  
Calendar Days  
Fixed Date

Total Days Requested

Requested Amended Fixed Date

The work has been impacted for the following **attached** reasons. Include a schedule (CPM if applicable) detailing the impact to the contract. **ALL ATTACHED JUSTIFICATION DOCUMENTS MUST SHOW TRACS NUMBER, REQUEST NUMBER AND CONTRACTOR.**

Compensatory Days Requested

Non-Compensatory Days Requested

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Printed Name

The days claimed and reasons thereof have been studied. If fewer days are recommended than claimed, attach explanation.

Compensatory Days Recommended

Non-Compensatory Days Recommended

\_\_\_\_\_  
Sr./Resident Engineer

\_\_\_\_\_  
Date

**NOTE:**

**This recommendation must be sent to the District Engineer for approval.**

Compensatory Days Approved

Non-Compensatory Days Approved

\_\_\_\_\_  
District Engineer

\_\_\_\_\_  
Date

**NOTE:**

If additional comments are necessary, attach to this request.

\_\_\_\_\_  
Contractor Concurrence Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Concurrence Printed Name

**IF THE CONTRACTOR DOES NOT AGREE THE ESCALATION PROCESS MUST BE FOLLOWED.**

After a review of the facts,  
an additional \_\_\_\_\_ Compensatory Days and \_\_\_\_\_ Non-Compensatory Days are approved.

\_\_\_\_\_  
Federal Highway Administration

\_\_\_\_\_  
Date

**After signatures, a Change Order must be executed in accordance with Standard Specification 108.08.  
The Request for Extension of Time and all documentation must be attached to completed Change Order.**