

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CONTRACTOR'S TIME EXTENSION REQUEST

Date: _____ Time Extension Request No.: _____
(Year-Sequential Number)

To: Resident Engineer: _____ (Name)

From: Contractor: _____ (Company Name)

Subject: Time Extension Request **Project No.** _____ **Contract No.** _____

Financial Project ID _____

I. Reason For Request:

A. Type of Delay (Check appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> Plan/Design Error | <input type="checkbox"/> DOT Response Time |
| <input type="checkbox"/> Extra Work | <input type="checkbox"/> Utility Delay |
| <input type="checkbox"/> Material Acquisition | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Local Requirements | <input type="checkbox"/> Maintenance of Traffic |
| <input type="checkbox"/> Conflicts | <input type="checkbox"/> Miscellaneous |

B. Describe Delay:

II. Controlling Items Affected (List items and dates affected):

Controlling Item	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. Amount of Added Time Requested:

Work Items Requiring Added Time	Days Requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Additional Contract Time Requested: _____

IV. Added Comments:

Signature: _____
(Contractor)

Position in Company: _____