

This application should normally not exceed six pages (excluding supporting documents). Please submit this application and any supporting documents, preferably electronically, to the proper Registry.

If your office or duty station at the time of the contested decision was or is located in

Your application must be filed with

Europe or Western Asia (including Turkey, Russia, Armenia, Iran, Azerbaijan, Georgia and the Arabic Peninsula).

Geneva Registry:

Registry of the United Nations Dispute Tribunal
8-14, Av de la Paix, Palais des Nations
1211 Geneva 10, Switzerland
E-mail: undt.geneva@unog.ch

Africa

Nairobi Registry:

Registry of the United Nations Dispute Tribunal
United Nations Office at Nairobi
P. O. Box 67578 (00200), Nairobi, Kenya
E-mail: undt.nairobi@unon.org

locations not covered by the Geneva and Nairobi Registries, including Central Asia (including Pakistan, Afghanistan, Turkmenistan, Uzbekistan, Kazakhstan), Eastern Asia, North America, the Caribbean, South America, and the Pacific

New York Registry:

Registry of the United Nations Dispute Tribunal
UN Plaza, United Nations Secretariat
New York, New York, 10017
E-mail: undt-newyork@un.org



Insert Applicant's name

v.

SECRETARY-GENERAL
OF THE UNITED NATIONS

**APPLICATION FOR EXTENTION OF
TIME TO FILE AN APPLICATION**

UNDT Case number:

Registry:

Date of Application:

Counsel for Applicant:

Counsel for Respondent:

Note: This application should normally not exceed six pages (excluding supporting documents). Please submit this Application and any supporting documents, preferably electronically, to the relevant Registry:

Geneva Registry: undt.geneva@unog.ch

Nairobi Registry: undt.nairobi@unon.org

New York: undt-newyork@un.org

I. Applicant's personal information

1. Mr. / Mrs. / Ms.
2. Family name:
3. First name:
4. Date of birth:
5. Index number:
6. Type of appointment:
7. Functional title:
8. Department/Office/Section:
9. Current duty station:
10. Duty station at the time of filing the application if different from above:
11. Duty station at the time contested administrative decision was taken:
12. If submitting application on behalf of a staff member:
 - a. Name of staff member:
 - b. Relationship to staff member:
13. Applicant's contact details:
 - a. E-mail address:
 - b. Facsimile:
 - c. Work phone:
 - d. Home phone:
 - e. Cellular phone:
 - f. Physical address for service of documents, if needed:

II. Legal Representative (if applicable)

Please attach Applicant's authorization for the Legal Representative.

1. Are you assisted by the Office of Staff Legal Assistance (OSLA)?
 - a. OSLA branch (Addis Ababa, NY, Geneva, Nairobi, Beirut):
 - b. Full name of counsel:
 - c. E-mail address:
 - d. Mailing Address:
 - e. Work Phone:
 - f. Cell:
 - g. Fax:
2. If other, please provide Counsel's information:
 - a. Name of Counsel:
 - b. Place of work and functional title:
 - c. E-mail address:
 - d. Mailing Address:

- e. Work Phone:
- f. Cell:
- g. Fax:

III. What is the decision you are complaining about?

Please number all paragraphs. Please attach a copy of the contested decision.

1. What was the decision about? Date on which the decision was issued: 5 June 2009
2. Date on which the decision was notified to you or on which you came to know about the decision:
3. Author of the contested decision:

IV. Management evaluation n/a

Please number all paragraphs. Please attach a copy of the request and of the response.

1. Have you requested a management evaluation of the challenged decision?
2. If, yes, when (date)?
3. Have you received a response? Yes/No.
4. If, yes, date of the response:

V. How much extra time do you need to file your application?

Please refer to staff rule 11.4, stating that, as a general rule, staff members may file applications within ninety calendar days from the date on which the staff member received the outcome of the management evaluation or from the date of expiration of the deadline for management evaluation.

VI. What are your reasons for requesting this extension of time?

Please number all paragraphs.

VII. Documents in support of your request for extension of time

Please attach any material explaining why you need an extension of time.

(a) List of supporting documents

Annex number	Title (include nature of communication, author and addressee)	Date

(b) List of translated documents included in part (a)

Annex number	Title (include nature of communication, author and addressee)	Date

VIII. Signature and certification

I hereby certify that to the best of my knowledge all copies submitted to the Registrar are true copies of the original documents.

Applicant:

Name:

Date:

Signature:

Counsel (if applicable):

Name:

Date:

Signature:

Reserved for the Registry

Notice to the Respondent:

The respondent has ... days from receipt of this application to submit a response.