**Audit Extension Request**

**Extension requests will not be considered after June 30** (*6 months after audit due date*)

**Name of School Administrative Unit:**

**Please indicate the late document below: Please indicated the entity or entities the request(s) is intended**

(check one box) (may check more than one box if applicable)

[ ]  Financial Statement Audit [ ]  School Department

[ ]  Single Audit (A-133) [ ]  Municipal

[ ]  Corrective Action Plan [ ]  Combined

**Request for opportunity for a hearing OR to submit written testimony in lieu of a hearing (choose one):**

[ ]  In lieu of a hearing pursuant to [20-A MRSA §6801-A(1)](http://www.mainelegislature.org/legis/statutes/20-A/title20-Asec6801-A.html), I have answered the questions below\*.

[ ]  I request a hearing pursuant to [20-A MRSA §6801-A(1)](http://www.mainelegislature.org/legis/statutes/20-A/title20-Asec6801-A.html).

**\*The following questions must be answered in lieu of a hearing (please attach additional pages if needed)**

1. *Please Explain the reason why the required document(s) are late?*

1. *Please indicate audit firm preforming the audit* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *What actions will be taken to ensure reporting deadlines will be met in the future?*
3. *When will the Department receive the required document(s)?*

 Date

Signature – Superintendent of Schools Date

**email to: Postal mail:**DOE.Audit@maine.govStephanie Clark

 School Finance & Operations

 Department of Education

 23 State House Station

 Augusta ME 04333-0023

Print Name – Superintendent of Schools