**Reference: Eligibility to take the UN Language Proficiency Examination:**

**LETTER FOR EXTENSION OF CONTRACT**

Name of Organization: Click or tap here to enter your organizaton

Address: Click or tap here to enter your duty station address

City:Click or tap here to enter your office city.

CountryClick or tap here to enter office country

Dear LPE Administrator,

I, Click or tap here to enter NAME of Supervisor in PRINT, herewith certify that, to the best of my knowledge, our office and in agreement with our department’s executive office intent to extend the contract of **Click or tap here to enter NAME of candidate in PRINT**. Until **Click or tap here to enter DAY MONTH YEAR** which is beyond the date of the LPE examination.

Sincerely yours,

Name of Supervisor (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor (print) Signature Date

(First Reporting Officer)

Job Title: Click or tap here to Job title

Phone: Click or tap here to Phone number

Email: Click or tap here to enter email address

Enter Name of Second Reporting Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Second Reporting Officer (print) Signature Date

(Second Reporting Officer/Head of Officer)

Job Title: Click or tap here to Job title

Phone: Click or tap here to Job title

Email: Click or tap here to Job title

**Note: This letter must be completed and signed by the Supervisor and Second Reporting Officer/Head of office to be valid.**