STATE OF CALIFORNIA  
DEPARTMENT OF FINANCE  
DF-160A (REV 03/30/11)  

REQUEST FOR HIRING FREEZE EXEMPTION  
INDIVIDUAL POSITION

PART I

Request Date: __________________________ Request Number: __________________________  

Requesting Entity Org Code: __________ Requesting Entity Name: __________________________  

Total Vacant Positions: _____  Total Salary Savings Positions: _____  Total Work Force Cap Positions: _____  

Total estimated cost of this request: _______  Fund Split: GF____ %  OF ____%  

Does this request include attachments? Yes ☐  No ☐  Please indicate the total number of pages: _____

PART II

A. Type of Exemption:  
☐ New hire  ☐ Interdepartmental Transfer  
☐ Increased Time Base  ☐ Permanent Intermittent Appointment  
☐ Seasonal Appointment  ☐ Other, Specify ________________  

B. Responsibility that meets exemption criteria:  
☐ Direct, hands-on services to clients in 24-hour care institutions  
☐ Emergency response and public safety  
☐ Revenue generation  
☐ Core functions of departments’ statutory mission  
☐ Essential function that will result in more overtime costs than position savings

C. Reason position meets the criteria:  


D. Consequence if exemption is not granted:  


E. Position Data:  
Position Number: __________________________  
Classification Title: __________________________  

Contact Person: __________________________  Telephone Number: ( ) - ext.  
E-mail Address: __________________________

F. Signature:  
I certify that the above requested action has been evaluated and that the needs described above cannot be met in any other manner than by obtaining this exemption.  

Department Director Date

Agency Secretary (if applicable) Date