REQUEST FOR HIRING FREEZE EXEMPTION
GROUP

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 Positions in Group: _____ Total Vacant Positions in Group: _____

Total exemptions being requested: _____ Total estimated cost: _______ 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(s) ☐ Interdepartmental Transfer(s)
☐ Increased Time Base(s) ☐ Permanent Intermittent Appointment(s)
☐ Seasonal Appointment(s) ☐ 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(s) meet the criteria:

D. Consequence if exemption(s) not granted:

E. Position Data:
Position Numbers: __________________________ Classification Title(s): __________________________

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.

__________________________________________ Date __________________________
Department Director

__________________________________________ Date __________________________
Agency Secretary (if applicable)