

**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:

- | | |
|--|--|
| <input type="checkbox"/> New hire(s) | <input type="checkbox"/> Interdepartmental Transfer(s) |
| <input type="checkbox"/> Increased Time Base(s) | <input type="checkbox"/> Permanent Intermittent Appointment(s) |
| <input type="checkbox"/> Seasonal Appointment(s) | <input type="checkbox"/> 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.

Department Director Date

Agency Secretary (if applicable) Date