

**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