## 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: \_\_\_\_\_ | Tt |
| 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: |       |
|  |  |
|

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| --- | --- | --- | --- |
| **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 |