## 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:** | | | | | | | | | | | | | | | | | |
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| **D. Consequence if exemption is not granted:** | | | | | | | | | | | | | | | | | |
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| **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 | | | | |