

Hiring Freeze Exception Request Form

Department _____

Division _____

Submitted by _____

Contact Information _____

POSITION INFORMATION (Attach organizational chart for this position)

Position Title _____

This position is New Replacement

Fully Grant funded Yes No

State Title _____

Local Title _____

Fringe Rate _____

Salary Range _____

Step _____

Salary Table _____

Managerial Salary Range High Low

Hourly Rate _____

Hours Per Week _____

FOAP %
FUND ORG ACCT PROGRAM

Position Supervisor Name: _____

REASON FOR EXCEPTION (select any that apply):

Position is critical to:	<input type="checkbox"/>	Campus and personal health and safety
	<input type="checkbox"/>	Compliance with federal, state and local laws and regulations
	<input type="checkbox"/>	Delivery of essential College services

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CRITERIA

Explain the specific reason for the exception, including the function of this position and the direct impact on core and essential business operations.

Explain the negative impact on essential or critical business operations of suspending, delaying or freezing the requested action.

Explain the other methodologies and/or options that have been explored and exhausted to avoid the exception request.

Explain how the job responsibilities are currently being fulfilled.

Explain the responsibilities that can be performed by other staff.

Approved Signatures:

Dean /Unit Head Approved Denied

Vice President/Provost Approved Denied

Salary and Position Information Verified by HR: _____

Hiring Freeze Committee Rep Approved | Denied