

REQUEST FOR EXEMPTION TO HIRING FREEZE

Agency/Department		Company #		Date
Job Class Title		Job Class Code		Position #
<input type="checkbox"/> % of General Fund	Date Position Vacant	Reason for Vacancy		
<input type="checkbox"/> % Other Funds				
Level of Work (Select One)				
<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> SUPERVISORY	<input type="checkbox"/> NON-SUPERVISORY		
Type of Work				
<input type="checkbox"/> Patient Care	<input type="checkbox"/> Public Safety & Health	<input type="checkbox"/> Revenue Producing		
<input type="checkbox"/> Inmate Custody & Control	<input type="checkbox"/> Direct Social Services	<input type="checkbox"/> Other _____		
How is work being performed now?				
<input type="checkbox"/> Overtime (weekly cost)	<input type="checkbox"/> Position Currently Filled			
<input type="checkbox"/> Not Being Performed	<input type="checkbox"/> Divided Among Others			
Why is the Commissioner recommending the hiring freeze be waived? Please address all alternatives considered for accomplishing the Agency's mission without additional hiring.				
Position Location		How many other similar positions in this location?		
Has this position been previously submitted for Hiring Freeze Exemption since May 10, 2002?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	Result:	
BUDGET OFFICE USE				
Comments				
Signature				Date
ADMINISTRATIVE & FINANCIAL SERVICES USE				
Comments				
Signature				Date
DEPARTMENT OR AGENCY HEAD USE				
Received	Comments			
<input type="checkbox"/> Approval				
<input type="checkbox"/> Disapproval				
	Signature			Date