

Hiring Freeze Exception Request

Department/Agency: _____ Job Class Title: _____ Date: _____

Edison Position Number: _____ Date Position Became Vacant: _____ County: _____

Career Service Executive Service Extension Request

Position Filled by: Appointment; 120 Appt; Temporary Contract Services (Edison Requisition Number _____);
 Other (explain): _____

Position Filled from outside the agency via: Promotion; Transfer; Demotion

Interim Appointment: Yes No If yes, I understand that an interim appointment is the appointment of an individual into a position in the career service for a period of one year or less, which, based on written justification, may be extended for a period of up to one additional year. **If Yes, HRO must initial.** _____

Overlap required: Yes No **If Yes, more than 90 days?** Yes No.

If longer than 90 days, Fiscal Officer signature required: _____ Date: _____

Budget Statement: Yes, I confirm, as of the date of this freeze exception request, the department/agency has accounted for all known reversion dollars, required pending budget reductions, and other budget mandates and that, therefore, filling this position will not affect the department's budgetary obligations. or No, the department/agency has not yet accounted for our budgetary obligations. If NO, explain how the department/agency plans to meet its budgetary obligations: _____

If No, Fiscal Officer signature required: _____ Date: _____

Funding Source: State: _____%; Federal: _____%; Other: _____%(explain other) : _____

Revenue Generating: Yes or No. This position generates revenue for the State. If Yes, explain: _____

Overtime Savings: Yes or No. Filling this position will reduce the amount of overtime paid. If Yes, explain: _____

Policy Justification: "Public Welfare" and/or "Welfare of Persons under care or custody of the State"

Justification Details: _____

Legal Requirement: Yes or No. There are legal requirements to fill this position. If Yes, explain: _____

Critical Management Position: Yes or No. This position is critical to the management of the department/agency. If Yes, explain: _____

New Information Systems Program: Yes or No. This position is critical to the development and/or implementation of a new computer system. If Yes, explain: _____

More than One Position: Yes or No. This request is for more than one position. If Yes, explain the need for each additional position: _____

Requested by: _____ Date: _____
Human Resources Director

Approved by: _____ Date: _____
Appointing Authority