PERSONNEL TRANSACTION FREEZE EXCEPTION REQUEST

Date: _____

1. Agency Name/Number: _____

2. Position Type (check appropriate blocks):

   ☐ Full Time ☐ Part Time ☐ Classified ☐ Unclassified/Exempt ☐ Temporary Appointment

3. Transaction Type (check all that apply):

   ☐ Fill a vacant position (new hire; reinstatement; promotion; demotion; or transfer to a vacant position). Name/Title of previous Incumbent/Position Identification Number (PIN)/Date Vacated and reason position was vacated.

   _____

   ☐ Reallocation of a position (if this may result in the promotion of incumbent, check here) ☐

   _____

   ☐ Allocation of a new position ☐ Request unclassified budget code

   Legal Authority for position: _____

   _____

4. Projected Job Title and Code, Minimum Monthly Salary:

   _____

5. Anticipated net monthly cost of transaction: $ _____

6. Projected effective date: _____

7. This transaction will require an increase in funding for: Current Fiscal Year ☐ YES ☐ NO

   Next Fiscal Year ☐ YES ☐ NO

8. Special conditions requiring this exception:

9. Agency Head Signature: _____ Date: _____

10. Rejected: ☐ REASON: _____

    Approved: ☐ _____

    _____

_____ | _____

Cabinet Secretary Signature | Date

11. AFTER APPROVAL, INSERT NAME AND SOCIAL SECURITY NUMBER OF PERSON AFFECTED

    Name: SSN: _____ / _____ / _____

SUBMIT TO THE OFFICE OF PERSONNEL MANAGEMENT WITH REQUEST FOR PERSONNEL ACTION OR OTHER APPROPRIATE DOCUMENTS