

**OPM 01-10**

**DATE:** January 9, 2001

**TO:** All Appointing Authorities

**FROM:** Oscar B. Jackson, Jr., Administrator and  
Cabinet Secretary of Human Resources

**RE:** **Executive Order 2000-38, State Agency Hiring Freeze  
(Filed December 28, 2000)**

Governor Frank Keating issued Executive Order 2000-38 (December 28, 2000) effective January 1, 2001, extending the State agency hiring freeze on employment to December 31, 2001. This freeze continues to prohibit agencies from hiring new employees, transferring current employees, or rehiring former state employees without previous written approval from their respective Cabinet Secretary.

Please refer to the All Appointing Authorities memo, dated February 17, 1995, from Oscar Jackson, Office of Personnel Management, for specific guidelines concerning employment issues pertaining to this freeze.

A copy of the revised OPM-92 (revised 1-01) is attached and must be used to document all personnel transaction exception requests for classified and unclassified/exempt positions. Additionally, an approved OPM-92, Personnel Transaction Freeze Exception Request, is required for new unclassified/exempt budget codes. Agencies may duplicate the form as needed.

**Attachments:**

- 1) Executive Order 2000-38 (December 28, 2000)
- 2) OPM-92 (revised 1-01)

# 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, promotion, reinstatement or interagency transfer). Name/Title of previous Incumbent/Position Identification Number (PIN)/Date Vacated.

Allocation or reallocation of a position

Request unclassified budget code

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. Justification of Critical Need(s) (**REQUIRED**)

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**