

OPM 99-56

DATE: September 14, 1999

TO: All Appointing Authorities

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

RE: Revision of OPM-92, Personnel Transaction Freeze Exception Request

The OPM-92 form has been revised effective immediately to add a transaction type in item 3 of "Request unclassified budget code" and also to provide that all actions that apply to the exception being requested should be checked. Although an approved freeze exception has always been required to request an unclassified budget code, this is not currently included as a transaction type on the form. Hopefully, this will help clarify any questions concerning this requirement as well as assist you in requesting a freeze exception for this type of action.

The revision to indicate that all actions that apply should be checked was made to facilitate using one OPM-92 to obtain approval for multiple actions. After checking all applicable actions, an explanation would then be provided in item 8, Justification of Critical Need(s), as to what is being requested and the reason for the request. The Cabinet Secretary would then approve or reject the request for a freeze exception based on the information provided.

A copy of this revised form is attached and should be used beginning immediately upon receipt. Agencies may duplicate the form as needed. Previous versions may continue to be used to complete actions that are currently in process. Personnel Action Requests (OPM-14), requests for position audits (OPM-39), requests for unclassified budget codes, or other requests which are received without a required OPM-92 will be rejected or returned without action.

Any questions concerning these requirements may be referred to David Hays or Jim Lippert in the OPM Management Services Division at (405) 521-6307.

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: Fiscal Year 2000 YES NO
Fiscal Year 2001 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**