

HIRING FREEZE EXCEPTION REQUEST FORM

Requests to externally recruit a position during the hiring freeze must be approved by the component administrator through this process. Approval authorizes the recruitment or appointment process but does not guarantee that the position will be filled.

POSITION INFORMATION

Position title: _____

Department: _____

Component area: _____

Supervisor: _____

Position type:

- ☐ Classified
- ☐ Management
- ☐ Confidential
- ☐ STNC
- ☐ Other: _____

Employment status requested:

- ☐ Permanent
- ☐ STNC
- ☐ Temporary
- ☐ Other: _____

Requested start date: _____

Vacancy date: _____

Reason for vacancy:

- ☐ Resignation
- ☐ Retirement
- ☐ Transfer or promotion
- ☐ New position
- ☐ Reorganization
- ☐ Other: _____

FUNDING INFORMATION

Annual salary and benefit cost: \$ _____

Funding source:

☐ Unrestricted General Fund

☐ Restricted General Fund

☐ Other fund

☐ Foundation

☐ Other: _____

Is funding available?

☐ Yes

☐ No

☐ Partially

Is funding ongoing?

☐ Yes

☐ No

Funding end date, if applicable: _____

Will the position create a current or future unrestricted General Fund obligation?

☐ No

☐ Yes

☐ Potentially

Explain, if applicable:

EXCEPTION CATEGORY

Select all that apply.

☐ **Health, Safety, or Emergency Response**

Necessary to protect students, employees, the public, facilities, or property.

☐ **Legal, Regulatory, Accreditation, or Contractual Compliance**

Necessary to meet a legal, regulatory, licensing, accreditation, grant, audit, or contractual obligation.

☐ **Essential Student Services or Instructional Support**

Necessary to maintain student access, instruction, or other essential student support.

☐ **Critical Institutional Operations**

Necessary to maintain payroll, finance, human resources, information technology, cybersecurity, facilities, or other essential operations.

☐ **Revenue Protection or Significant Financial Impact**

Necessary to preserve funding, generate revenue, avoid substantial costs, or prevent financial loss.

☐ **Grant Funded or Restricted Fund Position**

Supported by dedicated funding and necessary to complete the funded activity.

☐ **Approved Reorganization or Cost Savings Initiative**

Necessary to implement an approved reorganization, consolidate functions, or achieve ongoing savings.

☐ **Highly Specialized or Difficult to Recruit Position**

Requires specialized expertise and delaying recruitment would create significant risk.

☐ **Other Critical Institutional Need**

Describe:

JUSTIFICATION

SECTION 4: JUSTIFICATION

A. Essential Duties

Describe the essential duties that must continue and explain why they are critical to District operations, students, employees, or the public.

B. Impact of Vacancy

Describe the current impact of the vacancy, including any service delays, backlogs, reduced hours, compliance concerns, increased costs, workload issues, or operational disruptions.

C. Consequences of Not Filling the Position

Impact if the position remains vacant for three months:

Impact if the position remains vacant for six months:

Impact if the position remains vacant for one year:

D. Health and Safety Risk

Does the vacancy create a health, safety, security, or emergency response risk?

☐ No

☐ Yes

If yes, describe the specific risk, who may be affected, the likelihood of occurrence, and the potential consequences.

E. Compliance Requirement

Is the position necessary to satisfy a legal, regulatory, accreditation, licensing, contractual, or grant requirement?

☐ No

☐ Yes

If yes, identify the specific requirement, responsible agency or authority, applicable deadline, and consequence of noncompliance.

F. Student Impact

Describe the effect of the vacancy on students, instruction, enrollment, access, persistence, completion, transfer, workforce preparation, or legally required services.

Provide supporting data, when available, such as the number of students served, wait times, enrollment, caseloads, service levels, or workload trends.

G. Financial Impact

Describe any revenue, apportionment, grant funding, reimbursements, cost avoidance, overtime, consultant expenses, penalties, or other financial consequences associated with filling or not filling the position.

Estimated financial impact of leaving the position vacant:

\$ _____

Estimated financial benefit or cost avoidance from filling the position:

\$ _____

ALTERNATIVES CONSIDERED

Select all that were considered.

- ☐ Redistribute duties within the department
- ☐ Redistribute duties within the component area
- ☐ Reassign an existing employee
- ☐ Increase time base of a part time employee
- ☐ Reduce, consolidate, or suspend services
- ☐ Use technology or process improvements
- ☐ Share staffing with another department
- ☐ Use a temporary, hourly, substitute, or acting assignment
- ☐ Fill the position at a reduced percentage or schedule
- ☐ Delay recruitment
- ☐ Eliminate or repurpose another vacancy
- ☐ Restructure or reclassify the position
- ☐ Other: _____

Explain why these alternatives are not sufficient.

Identify duties that will be delayed, reduced, reassigned, or discontinued if the exception is approved or denied.

ORGANIZATIONAL REVIEW

Is the department or component area currently undergoing or anticipating a reorganization?

- ☐ No
- ☐ Yes
- ☐ Under consideration

If yes, explain how the requested position aligns with the anticipated organizational structure.

Could the position be modified to better meet current institutional needs?

- ☐ No
- ☐ Yes

Potential modifications considered:

- ☐ Reduced schedule
- ☐ Reduced percentage
- ☐ Limited term appointment
- ☐ Temporary appointment
- ☐ Revised duties
- ☐ Different classification
- ☐ Shared position
- ☐ Delayed start date
- ☐ Alternative funding source
- ☐ Other: _____

Describe any recommended modifications.

CURRENT STAFFING AND WORKLOAD

Authorized positions: _____

Filled positions: _____

Current vacancies: _____

Temporary or hourly staff: _____

Describe how the work is currently being performed.

FINAL DECISION - Component Vice President

- ☐ Approved as submitted
- ☐ Approved with modifications
- ☐ Approved for a limited duration
- ☐ Deferred
- ☐ Denied

Conditions or modifications:

Component Administrator: _____

Signature: _____ **Date:** _____