

EXEMPTION FROM THE CLASSIFIED SERVICE REQUEST TO EXCEED 1245 HOURS (CSR 4.1(d)1)

Form Creation Date: 1/2014

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| **POSITION INFORMATION** |
| MAJOR AGENCY CODE      | PERSONNEL AREA CODE       | AGENCY/DEPARTMENT – OFFICE – DIVISION      |
| CURRENT OFFICIAL TITLE       | POSITION NUMBER      | JOB CODE      |
| CURRENT INCUMBENT’S NAME      | PERSONNEL NUMBER      | HOURLY RATE OF PAY      |
| EFFECTIVE DATE OF APPOINTMENT       | ONE YEAR AUTHORITY EXPIRATION DATE      | NUMBER OF HOURS REQUESTED      |

**Please answer all questions that may apply:**

1. How many hours has the employee already worked in this position? On average, how many hours a week does the employee work?

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1. Please provide justification explaining how this position is needed on a temporary basis? Why is the position not a Commission approved full-time 4.1(d)2?

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1. If this position is for a project, what is the anticipated end date for the project?

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1. Why does the current incumbent need to continue performing these duties? Do they possess specific qualifications and/or skills that are necessary to perform the duties?

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1. Is this the first extension of hours request for this employee? If not, when was the last extension of hours given and how many hours were granted for the extension?

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| **AGENCY APPROVAL** |
| **SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE** |
|  **DATE:**       |
| **TITLE OF PERSON SIGNING THIS REQUEST** |
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| **CONTACT INFORMATION (HUMAN RESOURCES CONTACT)** |
| NAME |       |
| EMAIL |       | **PHONE NUMBER** |       |
| REQUIRED ATTACHMENTS *Check to indicate attachments.* |
| [ ]  Organizational Chart | **[ ]** Duties / Responsibilities | **[ ]** Current 4.1(d)1 Authority | [ ]  Previous Hours Extension (if applicable) |