

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) | |