

OU Hiring Freeze Exemption Request (updated 11/03/2016)

Norman HSC Tulsa

This form **will be returned** if any required section is incomplete. Attach additional pages as needed.

1 - Transaction type

<input type="checkbox"/> New position	<input type="checkbox"/> Fill a vacant position	<input type="checkbox"/> Fill & reclassify a vacant position	<input type="checkbox"/> Promotion pay only (HSC Only)
<input type="checkbox"/> Reclassification/Promotion of a Current Employee Name:			EMPL ID:

2 – Department (This form will be returned to this location.)

Department:	Building & Room:
Department Code / ID: (Ex: ACASHIST or COM120)	
Preparer Name:	Phone:
Manager/Supervisor:	Phone:
(Norman Only) Has this department had retirements due to the 2016 Special Voluntary Retirement Incentive (SVRI) program? <input type="checkbox"/> Y <input type="checkbox"/> N If unsure, contact Human Resources Retirement for this information BEFORE submitting the form.	

3 – Position Information

Proposed Position Title:	Proposed Job Code:	
Position #(s): <input type="checkbox"/> New	Salary Plan (HSC Only):	# Needed:
How does this position affect this department's headcount? <input type="checkbox"/> Increase <input type="checkbox"/> No Change <input type="checkbox"/> Decrease		
How many incumbents are currently in this position title?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Type: <input type="checkbox"/> 9mo <input type="checkbox"/> 12mo

4 – Budget and Funding Plan (Completed by the hiring department in consultation with the area's financial personnel.)

What is the status of this action's funding? (Check all that apply.)
 Note: If position funding has or will be moved from department to central accounts, include the third box in your selection.

Funding currently in department accounts
New funding accounts being established
Funding needed from accounts outside department (If selected, this form will be used as a request for position action AND funding.)
Other source, Explain:

Does this action require an increase in overall budget costs? Y N

Describe the funding plan for this position action for the current and next fiscal year. Be specific and detailed.

Norman – Dept. # OR HSC Account #	Source of Funding (HSC only)	%FTE	Norman - Account code OR HSC - GL Account

Current Costs: Salary \$	+Fringe Benefits \$	= Total compensation \$
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Proposed Costs: Salary \$	+Fringe Benefits \$	= Total compensation \$
Exceeding this amount will require a new freeze form.		

Advertised Salary (if different): (Cannot exceed proposed salary)	Change in Total Compensation \$
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5 - Workforce Management Plan

Section 5 is **required** to fill or refill vacancies. (**NOT required** for incumbent reclassification, temporary positions, or pool faculty.)

A. Why is this position vacant or being created? (Check all that apply.)

Retirement Incentive Reduction in Force Resignation Termination Promotion/Transfer of Incumbent
Long vacancy New system/responsibilities New grant/contract New department/program Program growth
Special Hire (i.e. spousal hire, presidential appointment) Other, Explain:

B. What critical needs does this position meet? Check all that apply.

Public safety Life sustaining health services Protection of public property Continuation of agency services (university mission)

How does this request meet these critical needs and why should it be approved now?

C. What reduced staffing strategies have been considered or tried to meet the above critical needs? (Check all that apply.)

Absorbed, consolidated, or realigned duties to existing staff PEAK Temporary Staffing Reduced FTE position (.50-.80 FTE)

Student employee 9-month staff position (Norman Only) Other, Explain:

D. Describe how the above strategies have been successful and why this position action is still needed.

E. How will the services provided by your area be impacted if this request is not approved? For example, describe lost opportunities, suspensions/disruptions of service, and costs of not filling.

F. If this request cannot be approved, which job responsibilities will still be met and by whom? Please provide names and titles.

G. Include any other relevant information in support of this request.

6 - Signatures	Print Name	Signature	Date	Phone Number
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➔ By signing here you have **verified** the information and funding plan in Section 4.
(In hiring department, this person manages the area's budget, financials, and/or funding.)

Financial Reviewer				
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➔ By signing here you have verified the information above and are **requesting approval** of this position action and funding plan.

Department Head				
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Dean/Director				
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➔ By signing here you have verified the information above and are **authorizing** this position action and funding plan.

VP/Provost				
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President's Office				
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HR Use Only	Date:	Initials:
Comments:		