

Exception to Fill Vacancy Form

How will the vacancy be filled? _____

Department Name: _____

Division Name/Number: _____

Hiring Manager: _____

Job type: _____ Number of positions requested: _____

Job title/Job Code: _____

Funding source (including % of each source)

Is this a newly classified or existing position? _____

Is this position currently approved in your budget? _____

If an existing position, what is the reason for vacancy?

Prior Incumbent Name: _____

How long has the position been vacant? _____

Business justification for exception: (Please describe the extraordinary need for the role and business implications and attach job description)

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If this exception is not granted, please explain how you might execute an alternate plan and potentially consider the following optional staffing solutions and compensation options, if applicable; (Temporary Redeployment, Bonus Award, Incentive Plan, In-Grade Advancements, Grade Advancement, Lead Differential, Career Mobility, and/or Acting-In_

Signatures

Division Director/Administrator: _____

Department Director: _____

Elected Official or Designee: _____

HR Consultant: _____

Human Resources Director: _____