

PERSONNEL ACTION FREEZE  
EXCEPTION FORM

DEPARTMENT: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ POSITION # \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

NAME(S) of AFFECTED EMPLOYEE(S): \_\_\_\_\_

\_\_\_\_\_

POSITION TYPE :  Faculty     Administration     Staff     Non-student OPS

**All requests for exceptions must be submitted in writing and must include the address the following:**

1. Specific reason for the exception, including the direct impact on core and essential business operations.
  
  
  
  
  
  
  
  
  
  
2. Show how suspending, delaying or freezing requested action would negatively impact on essential or critical business operations.
  
  
  
  
  
  
  
  
  
  
3. Show that other methodologies and/or options have been explored and exhausted.

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Vice Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_