

# HIRING FREEZE EXCEPTION REQUEST

University of North Texas Health Science Center

This request must include a description of the critical functions of the position and/or justification. **State funds may not be used to fund this request. Alternate non-state funding must be identified.** The request shall be approved through the appropriate Executive Vice President. If approved, the request will be forwarded to the President or his designee for final consideration.

Position# (if applicable) \_\_\_\_\_ Base HR Dept# \_\_\_\_\_

Position Title \_\_\_\_\_ Dept \_\_\_\_\_

Current Funding Source \_\_\_\_\_ Alternative Funding Source \_\_\_\_\_

Annual Salary \_\_\_\_\_ Funding amount required this FY \_\_\_\_\_

Critical reason/justification to fill the position:

The following approvals are needed:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Dept Head Date Dept Head Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Dean/VP Date Dean/VP Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Budget Office Date Budget Office Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Executive VP Date Executive VP Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
President Date President Date