



EXEMPTION REQUEST FORM

Name of Requestor: _____ **Date:** _____

Contact Name: _____ **Email:** _____

Requestor's Phone: _____

Department: _____

College/VP Area: _____

Position Title: _____

Position Number: _____

Funding Source: **State** **Grant** **Auxiliary**

Other: _____

Please provide a justification for your request to fill this position:

Requestor Signature: _____ **Date:** _____

Dean/VP Signature: _____ **Date:** _____

Senior VP Signature: _____ **Date:** _____

Please fax completed form to Classification and Compensation at 846-3058