REQUEST FOR DEPARTMENT OF ADMINISTRATION
EXCEPTION TO FURLOUGH IMPLEMENTATION

Agency Name: _____ Class Code #: _____

Budget Account #: _____ Class Title: _____

Position Control #: _____ Grade Level: _____

Location of Position: _____

Name of Supervisor: _____ Telephone #: _____

Requesting Exception of:

☐ Overtime Compensation ☐ Added Regular Time

Effective Date: Expiration Date:

Briefly describe the main purpose of this position:

Describe the agencies plan to reduce overall costs equal to furlough savings:

Please provide the reason for the exception request and consequences if exception is not approved:

What is the position funding source?

General Fund:		%
Highway Fund:		%
Federal Funds:		%

Fees:		%
Other Funding:		%
Other Funding:		%

AGENCY DIRECTOR APPROVAL:

_____ _____ _____

Agency Director Title Date

DIVISION OF HUMAN RESOURCE MANAGEMENT APPROVAL:

☐ **Approved Exception** ☐ **Not Approved for Exception**

_____ _____

Human Resource Management Approval Date

BUDGET DIVISION APPROVAL:

☐ **Approved Exception** ☐ **Not Approved for Exception**

_____ _____

Budget Division Approval Date