

New Jersey Department of Personnel Hiring Freeze Exemption Request

Date of Request	
Department	Division/Bureau/Institution
Title of Position	
Position Number	Title Code/Range
Funding Source ___ <i>State</i> ___ <i>Federal</i> ___ <i>Other (please specify)</i> _____ _____	Account Number _____ Type of Position: ___ <i>Full Time</i> ___ <i>Part Time</i> ___ <i>Hourly</i> <i>Indicate % _____</i>

Justification		
Is there a statutory requirement for this position? If Yes, please specify _____	___ Yes	___ No
Does this position require specialized skills or licenses that current staff do not possess? If Yes, please specify _____	___ Yes	___ No
Does this position require specialized training that current staff do not possess? If Yes, please specify _____	___ Yes	___ No
Describe the mission critical need for this position. 		
Why can't other resources be assigned to cover the duties of this position? 		

I agree with the above statements and request this position to be filled.

Cabinet Officer Signature

Date

FOR DOP USE ONLY:
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date: _____