

## Hiring Exception Request Form

**New**

**Replacement**

**Repurposed**

Position Title:

Department:

Number:

Submitted by:

Location/Campus:

Contact Number:

Anticipated Start Date:

**Reason for Exception:**

Critical to Operation of College

Compliance with Federal, State, local laws/regulations

Other (please identify):

**Criteria:** (Please use attachments if necessary)

Explain the specific reason for the exception, including the function of this position and the direct impact on core and essential business operations.

Explain the negative impact on essential or critical business operations of suspending, delaying, or freezing the requested action.

Explain the other methodologies and/or options that have been explored and exhausted to avoid the exception request.

Explain how the job responsibilities of the position are currently being fulfilled.

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Detail the responsibilities that cannot be performed by other staff.

Explain the funding sources that support the position and the proposed funding distribution.

Explain the stage of the hiring process for the position requested (if applicable).

**Approval Signature:**

Hiring Manager

*Forward request to College LT Member*

Date

**Approval Signature:**

College Leadership Team Member

*If recommended forward request to Vice Chancellor*

Date

Recommended       Return to Requestor

**Approval Signature:**

Vice Chancellor

*If recommended forward request to AVC Human Resources*

Date

Recommended for Review      \_\_\_\_\_ Return to Requestor  
Committee

**Comments:**

Please submit the form to Robin Phillips, AVC Human Resources at [robinphillips@stlcc.edu](mailto:robinphillips@stlcc.edu).