



EXEMPTION REQUEST FORM

Name of Requestor: _____ Date: _____

Requestor's Phone: _____

Department: _____

College/VP Area: _____

Position Title: _____

Position Number: _____

Funding Source: State Grant FCPA

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 this form to 846-3058

For College of Medicine Positions:

Is this a replacement position? Yes / No

Was this position authorized in your 2007-2008 department budget? Yes / No

What is the alternative funding source for this position if the primary funding source ends? _____