*Please complete this form in its entirety and attach the documents requested. An incomplete submission may cause delays or be returned to you.*

**GENERAL INFORMATION**

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| Agency or Department      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position #       \_\_\_\_\_\_\_\_\_\_\_  Who does this position report to (title only)?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this supervisor an officer of your institution? YesNo |
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**ACTION REQUESTED**

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| *Please check all that apply and attach all requested information*  Newly created position. Please include a copy of current organizational chart and detailed job description.  Reconsideration- due to denial of previous exemption request.  Re-exemption- change in job duties. Please include a copy of both the old and new job descriptions along with a current organizational chart.  Re-exemption- job title change only. Please include a copy of the original exemption letter that you received from the Department of Personnel.  Re-exemption- reporting relationship change. Please include a copy of a current organizational chart as well as a copy of the organizational chart submitted with the original request.  Other, Please specify      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GUIDELINE REQUESTED**

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| *Please check the guideline this exemption applies to:*  C.R.S. 24-50-135 (1)  (a) Officers of an educational institution and their executive assistants; employees in professional positions, including the professional employees of a governing board; and any other employees involved in the direct delivery of academic curriculum;  (f) Professional officers and professional staff of the department of higher education, including the professional staff members of any governing board of an institution of higher education.\* |
| (h) Employees in positions funded by grants, gifts, or revenues generated through auxiliary activities. For purposes of this paragraph (h), "auxiliary activities" means institutional activities managed and accounted for as self-supporting activities.  *\* For purposes of this section, a person is in a professional position or is a professional employee or professional staff if the person is in a position that involves the exercise of discretion, analytical skill, judgment, personal accountability, and responsibility for creating, developing, integrating, applying, or sharing an organized body of knowledge that characteristically is:*  *(a) Acquired through education or training that meets the requirements for a bachelor's or graduate degree or equivalent specialized experience; and*  *(b) Continuously studied to explore, extend, and use additional discoveries, interpretations, and applications and to improve data, materials, equipment, applications, and methods.*  Why does this guideline apply?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**POSITION QUALIFICATIONS**

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| If not provided on the job description, list the educational qualifications required for this position.      \_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EXEMPTION REQUEST AND AUTHORITY**

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| Human Resource Request Name      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_  Title      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  Human Resource Authority      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_  Signature Date |