

**HCPSS  
FY 2017 Freeze Exception Request – School Based**

School Name: \_\_\_\_\_ Principal Name: \_\_\_\_\_

Item Description: \_\_\_\_\_ Cost: \_\_\_\_\_

**Directions: Use a separate form for each request. You may attach additional information on a separate sheet. Submit to the appropriate Administrative Director.**

Check boxes of all criteria that apply:

1. Essential spending to ensure health and safety.
2. Expenditures for supplies and materials necessary for employees to continue assigned duties.
3. Unavoidable contractual commitments.
4. Expenditures without which essential operations/programs could not continue.
5. Expenditures for which no alternative revenue sources, such as grants, are available.

Committee Action Summary	
Freeze Committee Log Number _____	Decision: Approved _____ Denied _____ Other _____
Comments: _____	

Why is this expenditure/position necessary?

If denied, what are the consequences?

**Administrative Office Use**

Cost Center	Program #	State Category #	Spend Category	Balance Available Y/N	Requested Amount
<b>TOTAL</b>					

**Requested by:** \_\_\_\_\_  
*Principal* \_\_\_\_\_ *Date* \_\_\_\_\_ *Administrative Director* \_\_\_\_\_ *Date* \_\_\_\_\_

**Recommended:** \_\_\_\_\_  
*Executive Director* \_\_\_\_\_ *Date* \_\_\_\_\_ *Deputy Superintendent* \_\_\_\_\_ *Date* \_\_\_\_\_ *Superintendent Designee* \_\_\_\_\_ *Date* \_\_\_\_\_