

HCPSS
FY 2017 Freeze Exception Request – Non-School Based

Office/Department Name: Requestor:

Item Description:

Directions: Use a separate form for each request. You may attach additional information on a separate sheet. Submit to the appropriate Chief or Deputy Superintendent.

Table with 6 columns: Cost Center, Program #, State Category #, Spend Category, Balance Available Y/N, Requested Amount. Includes a TOTAL row.

*Request Criteria

- 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 box containing fields for Freeze Committee Log Number, Decision (Approved, Denied, Other), and Comments.

Why is this expenditure/position necessary?
If denied, what are the consequences?

Recommended by: Executive Director/Director (Name), Executive Director/Director (Signature), Date

Submitted by: Deputy Superintendent/Chief, Date, Approved by: Superintendent/Designee, Date