

## Staff Hiring and Salary Exception Request

► All requests must be made with department's VP or Dean's approval. Exception requests without their knowledge or approval will be denied.

### Section 1: Department Information

Requestor Name \_\_\_\_\_

Requestor Title \_\_\_\_\_

Department \_\_\_\_\_ Date Submitted \_\_\_\_\_

### Section 2: Request Details

★ Click the appropriate option to display questions based on the type of request.

#### Request to Hire

Fill a vacated position

Fill a new position

Create a new position

Effective Date of Request \_\_\_\_\_

Funding Source \_\_\_\_\_

Job Title \_\_\_\_\_ Position ID \_\_\_\_\_

Previous Employee Annual Salary, if applicable \_\_\_\_\_

Proposed Annual Salary \_\_\_\_\_

Permanent Hire

Temporary Hire

#### Request to Modify a Role for a Current Employee

Promotion

Salary increase

Supplemental pay

Overallocation

Effective Date of Request \_\_\_\_\_

Funding Source \_\_\_\_\_

Current Job Title \_\_\_\_\_ UTA ID \_\_\_\_\_

Proposed Job Title \_\_\_\_\_ Position ID \_\_\_\_\_

Current Annual Salary \_\_\_\_\_ Proposed Annual Salary \_\_\_\_\_

### Section 3: Justification

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► Please provide a full explanation of how this exception request helps UTA ensure critical staffing needs are met and how this is in line with UTA's strategic and budgetary goals.

**Exception Reason:**      Campus health and safety                      Critical leadership role  
                                 Compliance with federal, state or local regulations                      Contractual or legal mandate

**Summary of Need:** What critical work will be performed and how does this impact essential operations?

**Risk of Not Filling:** What are the consequences (i.e., compliance, safety, service impact) if the role remains vacant?

**Mitigation Efforts:** If this is denied, what changes will the department make to maintain service or meet goals?

Section 4: Approvals

Signatures

▶ Your department’s VP or Dean must approve the request before this form is submitted. The exception will not be granted without a VP or Dean’s signature.

VP or Dean Name \_\_\_\_\_

VP or Dean Signature \_\_\_\_\_

Date \_\_\_\_\_

Committee Use Only

Approved

Denied

Conditionally Approved

Notice sent to department

Notes

Submitting Completed Forms

▶ Click the “Submit” button or email to [katherine.prusock@uta.edu](mailto:katherine.prusock@uta.edu).