Question Tour Block 1

On March 19, 2025, President Drake <u>announced a hiring freeze</u> across the University of California system. UC Santa Barbara has created a streamlined approach to implement President Drake's announcement. For all hiring related to career, contract, limited, per-diem, partial year career and rehired retiree recruitments, please fully complete this form to request an exception.

Block 2

Initiator (if different from Hiring Manager)

Name

Email

Hiring Manager

Name*

Working Title*

Email*

Block 3

Division*

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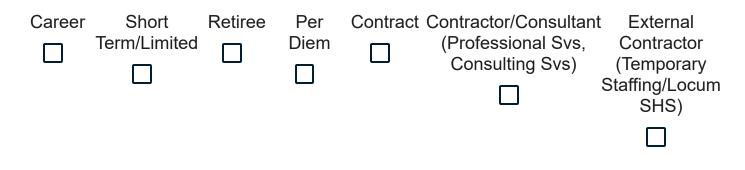


Type of Request (select a	ll that apply)*	
Request a New Position	Replace Existing Position Vacancy	Extend Existing Position End Date, as permitted by contract and policy.
Job Code - Job (Payroll)	Title*	
	\checkmark	

Position Information (Note: If position has a current number assigned please enter it. If this is a new position request, please skip this question.)

Position Number(s)	
Working Title	
Number of Direct Reports (if applicable)	
Name of Former Incumbent	
Union (if applicable)	

Appointment / Position Type*



Funding Type (select all that apply)*

Permanen	tPermanent	Operating	General	Studen	t Auxiliary	Internal Fe	ed/State/Local/Priv	/ate
Core	Non-Core	Budget	Funds	Fees	or Self	Revenue	Source	
			& Tuition		Supporting Revenue			

Fund Account(s) and Budget*

Fund Account 1	
Fund Account 2	
Budgeted Range Min-Max	
Grade	
Midpoint of the Range	

Block 4

Job Opening Information (if applicable)

- Job Opening ID
- Job Opening Status (pending/open/offer)
- No. of Vacant Positions Recruiting for

Recruitment Request Type (if applicable)

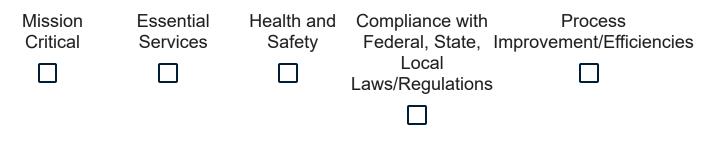
External Recruitment Internal Recruitment

Exemption to Waiver of Recruitment (see **Recruitment / Direct** PPSM 20.III.E-J. or Hire (see PPSM collective bargaining 20.III.K.) agreement as \cap applicable)

For more information on recruitment request type, see PPSM 20 or applicable collective bargaining agreement: https://policy.ucop.edu/doc/4010393/PPSM-20 https://ucnet.universityofcalifornia.edu/resources/employment-policies-contracts/bargaining-units/

Block 5

Reason for Recruitment (select all that apply)*



If this position performs work that is mandated by Federal/State laws, UCOP, and/or campus policies, please explain briefly.*

What are the risks or consequences of not filling the position? If filling this position is deferred, will it result in significant operational disruption or place compliance at risk?*

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Can the work be reallocated through reorganization or sharing with another department?*

O Yes

O No

Have you explored and discussed sharing this resource with another department? Please provide summary response.*

Are there any qualified existing staff who could take on the additional duties on an interim basis? Please provide summary response*

Can work be shifted or redistributed so that essential tasks are being done and non-essential tasks are not being done? Please provide summary response.*

Could temporary agency staffing (or, if approved, limited appointments or contract employees) address this need?*

O Yes

O No

State additional justification details for the exception, clearly outlining how the position meets the criteria (optional).

Department Chair/Department Head*

Name

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Does the Staff Recruitment Exception Request Form have Department Chair/Department Head approval? (Please note that academic departments must have Department Chair approval for a request to move forward for review by the Dean.)*

O Yes

O No

Dean/Designee, Associate Vice Chancellor/Designee or Department Head*

Name

Email

Important Notes: If your department reports to a Dean or Associate Vice Chancellor, you must list the highest level above. Next, click on the forward arrow twice to skip the approvals section and go directly to the end of the survey as HR will circulate the completed form for the required approval signatures via DocuSign. Thank you.

Block 6

Dean/Designee, Associate Vice Chancellor/Designee or Department Head: If this request has your approval, please sign and date below.

Signature

Date

Divisional Vice Chancellor or Designee Signature Approval: If this request has your approval, please sign and date below.

Signature

Date

Associate Vice Chancellor for Human Resources/CHRO Signature Approval: If this request has your approval, please sign and date below.

Signature

Date

Vice Chancellor - Chief Financial Officer Signature Approval: If this request has
your approval, please sign and date below.

Signature

Date

Important Note: HR will circulate the completed form for the required approval signatures via DocuSign. Please click on the forward arrow to skip to the end of the survey. Thank you.

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