

HIRING & PAY EXCEPTIONS REQUEST FORM

DCSF 11B-10

PART 1: AGENCY AND CANDIDATE INFORMATION

Agency Name	Name of Candidate
Name/Title of Designated Agency HR Authority	Pay Plan/Series/Grade/Step and Salary

PART 2: TYPE OF ACTION

- Competitive Appt. (New Hire, Reassignment, Transfer)
- Promotion
- Non-competitive Appt. (Temporary, Term)
- Reinstatement
- Temporary Promotion

PART 3: TYPE OF SERVICE/APPOINTMENT

- Career Service Appointment (Grades 1-14 and Wage Grade)
- Career Service Appointment (Grades 15 and Above)
- Excepted Service Appointment
- MSS Appointment (Open Range)
- MSS Appointment (Wage Grade)
- Legal Service/SEAS Appointment
- Time Limited (Temporary, Term, TAPER)

PART 4: TYPE OF EXCEPTION(S) REQUESTED

- Extension of Temporary Appointment exceeding 2 years or Extension of Term Appointment exceeding 4 years
- Proposed salary represents an increase of more than \$12,000 within a 12-month period
- Salary exceeds equivalent of non-union CS Grade 14, Step 3
- Salary exceeds Step 4 or open-range midpoint
- Waiver of Time-in-Grade Requirement (CS Only)
- Other

PART 5: SUPPORTING DOCUMENTATION/CERTIFICATION

By signing below, you certify that all information on this form is accurate to the best of your knowledge and that all supporting materials/documents including copies of the candidate's completed employment application, written justification, position description, and any other supporting documentation or statements have been provided to DCHR. **All information should be forwarded along with this form to the Human Resources Solutions Administration at DCHR.Recruitment@dc.gov.**

Sign	Date	Email
------	------	-------

FOR OFFICIAL USE ONLY: TO BE COMPLETED BY DCHR

Level One Review Approve Deny

HR Specialist, HRSA (Signature) _____ Date _____

Level Two Review Approve Deny

HR Manager, HRSA (Signature) _____ Date _____

Final Approval Approve Deny

Assoc. Director, HRSA (Signature) _____ Date _____