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| **hiring moratorium waiver Request (hmwr) – Main & Branch Campuses** |

**Instructions:** *This form is only completed to request a waiver to the moratorium for staff positions on* ***unrestricted funds****. Requests to fill positions on* ***restricted funds*** *should be submitted by sending an email to* *provost@unm.edu* *that includes the position number and title. Requests for career ladders and reclassifications should be submitted via email prior to completing the PRQ. More information is available online at hr.unm.edu regarding the submission and approval process for all positions.*

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| **Position Details** |
| Level 3 Org Code:       | Department Org Code:       | Department:       |
| Position Title:       | Position #:      | FTE:      | Grade:       | Budgeted Salary:       |
| This Position Reports to Name:        | Title:       |
| **Funding Information** |
| [ ]  I&G [ ]  Non I&G (unrestricted) [ ]  Non I&G (restricted) | Index:       Index:       Index:       Index:       Index:        | Account:       Account:       Account:       Account:       Account:        | Distribution %:      Distribution %:      Distribution %:      Distribution %:      Distribution %:       |
| **Vacancy Information** |
| Date of Vacancy:       | Previous Incumbent:       | UNM ID:       |
| Reason for Vacancy:        | Proposed Start Date:       |
| [ ]  Current Org Chart is attached illustrating the reporting structure of the position requested in this waiver.  |
| **Services Impacted by Vacancy** |
| Considerations:* Can this work be performed by an **existing employee or student**?
* Have all opportunities for collaboration with other areas been explored? If so, in what ways?
* If I&G funded, is another source of funding an option?
 |       |
| Describe the critical nature of this position as it relates to: * Services provided to university customers (internal/external)
* Legal or regulatory compliance
* Health or safety concerns
* Other liability
 |       |
| **Position Duties and Justification** |
| Briefly describe the primary duties/responsibilities and include any other information that should be considered in evaluating this request:       |
| **Contact Information of Requestor** |
| Name:       | Phone:       | Email:       |

***CERTIFICATION BY DEAN/VP/AVP: Signature below indicates that the undersigned has reviewed current staffing levels, and that every effort to utilize existing staff or students, within functional or related functional areas has been exhausted.***

VP/AVP/Director Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Print, sign, and scan completed form and org chart according to departmental reporting:***

***budget@unm.edu******,*** ***provost@unm.edu******, or*** ***unmpres@unm.edu***

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| Executive Vice President or President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Approved |
|  Denied  |