

Hiring Pause Exception Request Form

Essential positions are those whose absence would significantly hinder RISD's ability to fulfill its mission as a place-based art and design institution, directly impact the health and safety of our campus community; undermine institutional strategic initiatives or long-term revenue, or result in regulatory or contractual noncompliance.

Position	on Title:					
Depa	artment:					
I	Division:					
Position Change Request Information						
Type of position change	New Position					
being requested:	Increase in FTE/Hours					
	Reclassification/Promotion or Equity/Market Adjustment					
	Replacement					
	Extension of Term Appointment / Temporary Worker / On Call Worker					
	Stipend					
Funding Source:						
Proposed start date:						
Reason for Exception (Se	lect any that apply)					
Position is critical to:	Campus and personal health and safety					
	Compliance with federal, state and local laws and regulations					
	Delivery of essential institutional services					
	Advancement of the academic or institution strategic mission					
	Grant Funded (Fully Funded and Dispersed)					
	Significant impact to revenue generation					
Criteria: (Please use attach	ments if necessary)					
	for the exception, including the function of this position and the direct impact					
on core and essential busine	ess operations of the institution.					
Explain the short-term and delaying, or freezing the rec	long-term impact on essential or critical business operations of suspending, quested action.					



Explain the other methodologies and/or options that have been exception request.	n explored and exhausted to avoid the				
Explain how the job responsibilities of the position are current	tly being fulfilled.				
Explain the responsibilities that can be performed by other staff	ff.				
Explain the stage of the hiring process for the position requeste	ed (if applicable).				
What other positions are being held vacant in the department?					
E					
For temporary or on call worker requests please complete the of Type of position request:	questions below.				
	Agency Temp Y/N				
On-call Worker	1				
Functional Title: example (Administrative Assistant):					
Expected duration of assignment:					
Expected hours per week (if applicable):					
Estimated hiring rate:					
(Note: Final rate to be confirmed by the HR Compensation team)	Hourly rate Salary/month				



Approval Signatures			
Submitted by			Date
<u></u>			
Cabinet approver			Date
Position Review Committee Appro	val		
Date			
Approved			
Denied			