Request for Exemption from Assignment

Request for exempting accounts from assignment under ORS 293.233. Request must be signed and returned by DAS to be an authorized exemption.

1. Date: ____________________

2. Agency contact name and phone number: ____________________________________________

3. Classification (type) of account to be exempted: ____________________________

4. Number of accounts held by your agency that fit this classification: _____________

5. Total dollar amount for this type of account: $ ______________________________

6. Are you requesting a temporary or permanent exemption? (circle one)
   If temporary, provide date of termination: _________________________________

7. Criteria for exempting these types of accounts:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. Justification for request (explain why the exemption is needed and identify statewide public policy or agency goal supporting exemption request):
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

DAS Approval:
Authorizing Signature: ____________________________ Date: ______________