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|  | **REQUEST FOR MAXIMUM SUPERVISORY RATIO EXEMPTION** |

**What is the agency MSR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the agency ASR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What will the agency ASR be if this request is granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency/ Agency number**

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**Position information:**

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| --- | --- | --- | --- | --- | --- |
| **Class#** | **Class** | **Repr Code** | **Working title** | **Position number** | **Location** |
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**Unions Requiring Notification**

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**Reason for Request**

**Please describe in detail the basis for the agency need to hire the listed additional supervisory position(s)**

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**Please describe how and which of the following statutory factors support the request;**

 *(a) Safety of the public or of state agency employees;*

*(b) Geographic location of the agency’s employees;*

*(c) Complexity of the agency’s duties;*

*(d) Industry best practices and standards;*

*(e) Size and hours of operation of the agency;*

*(f) Unique personnel needs of the agency, including the agency’s use of volunteers or seasonal or temporary employees, or the exercise of supervisory authority by agency supervisory employees over personnel who are not agency employees; and*

*(g) Financial scope and responsibility of the agency.*

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Submitted By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Appointing Authority

 **Email to Exception Request Box:** **Exception.Requests@state.or.us** **For additional information, please see the FAQs:** [**http://www.oregon.gov/DAS/CHRO/docs/Agency Exception/FAQ ORS 291229 Exceptions.pdf**](http://www.oregon.gov/DAS/CHRO/docs/Agency%20Exception/FAQ%20ORS%20291229%20Exceptions.pdf)

 **DAS USE ONLY**

Date Approved

Union Notified

Date Denied Date Union

Notified:Date Pended

Date Agency Notified