The following form can be filled out **Online,** printed for signatures, then mailed or faxed.

To fill out forms in Acrobat Reader:

- Select the “hand” tool.
- Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the “Highlight Fields” option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.

Community Colleges of Spokane

EXPENDITURE FREEZE EXEMPTION REQUEST
Personal Services Contract

Reset form

Date of Request:	College/Unit:
Office/Department:	Contact Phone:
Please provide the following information for exemption from the personal services contract freeze:	
Brief description of services to be performed:	Original/first time or annual/renewal contract? ❒ Original / first time ❒ Annual / renewal from prior years

❒ Funded from federal or local funds
❒ Necessary to receive/maintain federal funds
❒ Related to IT projects approved by ISB
❒ Related to academic programs

Are alternative non-restricted funds available for this service? ❒ Yes ❒ No

If yes, why are those funds not being used for this transaction?

What budget is requested for this expenditure? Budget Number: _____

What are the consequences of not receiving this service?

Procurement *(check one)*: ❒ Sole Source ❒ Competitive Bid ❒ 2nd Tier GA contract

Signature of Requestor:	Print Name/Title:

Attach to a purchase requisition and submit directly the President / IEL CEO / Chancellor, as appropriate

PRESIDENT / IEL CEO / CHANCELLOR RECOMMENDATION

❒ Request approved; meets exempt criteria — ***Forward to Rod Ramer, MS 1007***
❒ Request approved; requires SBCTC/OFM approval — ***Forward to Rod Ramer, MS 1007***
❒ Request disapproved — ***Return to Requestor***

Reason:

Signature: _____ Date: _____

EXECUTIVE DETERMINATION

❒ Request is determined critically necessary to agency (Submit to SBCTC/OFM for further processing)
❒ Request is determined not critically necessary (Return to unit executive)

Signature: _____ Date: _____