

REQUEST FOR EXEMPTION FORM CIVIL SERVICE MERIT BOARD

Date Submitted	Preferred Starting Date	Department Name/Division	Org Code	Job Code	PCN
9/4/20	9/21/20	Community Development			
Job Classification		Scheduled Hours	Annual Pay Rate	Hourly Rate	
Homeless Program Coordinator		40 per week			
This Is A:		Job Type	Pay Group	Pay Plan	
<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Increase in Force		<input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input checked="" type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary Part-Time If Temp, until date <input type="text" value="12/31/2022"/> If PT, # hours/week <input type="text"/>	<input type="checkbox"/> ATH – Athletics <input type="checkbox"/> BWE – Event <input type="checkbox"/> BWF – Fire 56 hr. <input checked="" type="checkbox"/> BWG – General Gov't. <input type="checkbox"/> BWU –Police/Fire 40 hr.	<input type="checkbox"/> A – Fire <input checked="" type="checkbox"/> D – Gen. Govt. <input type="checkbox"/> E – Event <input type="checkbox"/> P – Police	

Provide a summary of the duties and responsibilities and/or an explanation of request.

This position will work on projects and programs focused on preventing and alleviating homelessness in the City of Knoxville. Federal grant funds provided to the City through the CARES Act will pay for this position

Is position currently vacant? Yes No*

*If not, name of employee currently in position and job classification.

Will this position be repeated on a consistent basis during future years? Yes* No

*If yes, explain duration.

Are there other current positions with the same or similar duties & responsibilities? Yes* No

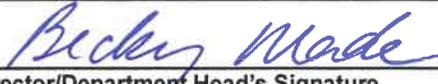
*If yes, are those positions exempt (E) or classified (C)? Exempt Classified

To your knowledge, have the duties or responsibilities of the position been performed in the past? Yes* No

If yes, was the employee exempt from Civil Service? Yes No

Please list names of employees who have performed responsibilities in the past or who are performing similar duties and responsibilities.

Mike Dunthorn


 Director/Department Head's Signature

9/4/2020
 Date

****For Finance Use Only****

Grant funding for 12 months has been verified for this position. Yes No*

If no, please list the amount of time funding is available. _____

 Finance Director Signature

 Date

****For CS Use Only****

Comments: _____

 Civil Service Director

 Date