



**State of Delaware
Department of Human Resources**

Casual Seasonal Exception Request Form								
DHR Statewide Operating Procedure #: To be assigned				Authority: 29 Del. C. Section 5903				
Effective Date: January 11, 2021				Supersedes: June 10, 2020				
Signature Section								
Department of Human Resources Secretary, Office of Management and Budget Director, & Controller General								
Typing OR signing your name will constitute signature.								
Secretary, Department of Human Resources			Approve	Deny	Date: _____			
Director, Office of Management and Budget			Approve	Deny	Date: _____			
Controller General			Approve	Deny	Date: _____			
Approved: Effective date – End date: _____				Denied: Date: _____				
Agency Human Resources: Part 1								
Agency Request with Appointing Authority Approval and Notification to Agency Fiscal Representative								
Upon submission of the request, a copy to the appointing authority or designee serves as the signature approval of the appointing authority or designee, and acknowledgment that the statements provided in this request form are correct and complete, and that funding is available to support this request within the current budget.								
Agency Fiscal Designee Name _____								
Initial Request				Renewal Request				
Pursuant to 29 Del. C. § 5903(17), the Department seeks an exception to hire the following casual seasonal positions (C/S) in order to meet operational needs. Any Affordable Care Act (ACA) Employer Shared Responsibility Penalties that the Internal Revenue Service (IRS) assesses the State as a result of casual seasonal employee approvals exceeding the 29.75-hour threshold will be the responsibility of the employing agency. The IRS began assessing penalties for Calendar Year 2015 and the penalty amounts will increase each year.								
_____			_____			_____		
Contact Name			Contact Email			Contact Phone Number		
Agency Human Resources: Part 2								
Agency and Request Information								
1. Department/Division/Section Name: _____								
2. Department/Division/Section Number: _____								
3. Time Period Requested: _____/weeks 4. Start date: _____ 5. End date: _____								
Agency Human Resources: Part 3								
Budget Position Number								
BP#	Merit Comparable Title	Begin Date	End Date	Hourly Rate	Anticipated Hours/Week	# of Weeks	OECs	Total Cost
0000001	Sr. HR Tech	01/01/01	01/01/02	\$ 25.00	33	25	1.0931	\$ 2,220.00
								\$
								\$
								\$
								\$

Agency Human Resources: Part 4

Provide operational necessity requiring an exception to 29 *Del. C.* § 5903(17)(a). (Please also include any alternative options considered and/or consequences that may result from request being denied.)