



CASUAL SEASONAL EXCEPTION REQUEST FORM

Table with 2 columns: DHR-STW-OP-Form #: To be assigned. Authority: 29 Del. C. Section 5903; Effective Date: January 11, 2021 Supersedes: Casual Seasonal Exception Request Form June 10, 2020

Signature Section

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Secretary, Department of Human Resources [Approve/Deny/Date boxes]

Director, Office of Management and Budget [Approve/Deny/Date boxes]

Controller General [Approve/Deny/Date boxes]

Approved: Effective Date: \_\_\_\_\_

Denied: Date: \_\_\_\_\_

Part 1: Agency Human Resources: 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 2: Agency Human Resources: 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: \_\_\_\_\_

**Part 3: Agency Human Resources: Budget Position Number**

BP#	Merit Comparable Title	Begin Date	End Date	Hourly Rate	Anticipated Hours/Week	# Of Weeks	OEC's	Total Cost
EXAMPLE 00000001	HR Analyst	01/01/22	01/01/23	\$25.00	33	25	1.0931	\$2,220.00

**Part 4: Agency Human Resources: Justification**

1. 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 the request being denied.)

