## Instructions:

- 1. Please fill in the following details and submit the same to the Law Department.
- 2. There is no need to attach herein the individual reports submitted by the requesting Agency.
- 3. Additional Sheets may be used.



## REGIONAL REPORTS ON APPROVED/DISAPPROVED REQUESTS FOR EXEMPTIONS FROM THE BAN ON APOINTMENT AND TRANSFER

(For the May 9, 2016 National and Local Elections)

## A. APPOINTMENT

| Name of Personnel | Position and<br>Salary Grade | Date of Appointment | Name of Requesting Authority,<br>Position and Name of Agency | Date of Application<br>for Exemption | Date of<br>Approval/Disapproval<br>of Request for |
|-------------------|------------------------------|---------------------|--|--------------------------------------|---|
|                   |                              |                     |  |                                      | Exemption   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |
|                   |                              |                     |  |                                      |   |

- 1. Please fill in the following details and submit the same to the Law Department.
- 2. There is no need to attach herein the individual reports submitted by the requesting Agency.
- 3. Additional Sheets may be used.

## B. TRANSFER

| Name of Personnel | Present Station | Transferred Station | Name of Requesting Authority,<br>Position and Name of Agency | Date of Application<br>for Exemption | Date of Approval/Disapproval of Request for Exemption |
|-------------------|-----------------|---------------------|--|--------------------------------------|---|
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     | 7  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |
|                   |                 |                     |  |                                      |   |

| Prepared and Submitted by:         |  |
|------------------------------------|--|
|                                    |  |
|                                    |  |
|                                    |  |
| Regional Election Director, Region |  |