**FLSA: Position Not Subject to FLSA Salary Minimum form**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Empl ID/Empl Rcd:** |  |
| **Official Title:** |  |
| **Working Title (if applicable):** |  |
| **UDDS:** |  |
| **Department:** |  |
| **Full-time Salary rate:**  **FTE/Appt Percent:** |  |
| **Salary Basis:** | Annual (A-basis) Academic (C-Basis) Hourly |
| **Reports to (include name and official title):** |  |
| **Exemption Type:** | Teacher Doctor Lawyer Camp Counselor |

**This position meets the exemption reason indicated above because the position’s primary duty is:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Completed By Signature Date*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Completed By Name (Please Print)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Division Human Resources Signature Date*