

**THE UNIVERSITY OF TENNESSEE
REQUEST FOR *REGULAR* LIMITED DURATION (12 month)
EXEMPT APPOINTMENT**

First request **Renewal**

Date: _____

Department: _____

Cost Center Name: _____ Cost Center Number: _____

If renewal, name of employee: _____

Position Title: _____

Position Number: _____ Available FTE: _____ Yes _____ No

Location of position: _____

Proposed Appointment Date: _____ Proposed salary: _____

Qualifications: _____

Duties/Responsibilities: _____

Reason for limited duration appointment: e.g. short-term project, reorganization, limited funds, etc.

Please attach a memorandum outlining the reason for the appointment.

Approvals:

Department Head

Dean/Director

Vice President

Affirmative Action Officer

Human Resources

Requisition #: _____