

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

First request **Renewal** **Date:** / /

Department: _____

Responsible Account #: _____ Acct Name: _____

If renewal, name of employee: _____

Job Classification Title: _____

Job Class. 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
01/01

Requisition #: _____