

ENVIRONMENTAL EXEMPTION REQUEST FORM

The University of Tennessee, Knoxville *Energy Conservation Policy* requires that, during normal occupied hours, target indoor air temperatures are 68 degrees Fahrenheit for heating and 76 degrees Fahrenheit for cooling. Facilities Services will ensure that building spaces are as close to these set points as possible. Exemptions from this policy will only be granted under extenuating circumstances. For more information about the *Energy Conservation Policy*, please see <http://facilities.utk.edu/policies>.

INSTRUCTIONS: This form must be completed to apply for an exemption from the *Energy Conservation Policy*.

Applicant: Please complete Sections A and B of this form (do not attach personal medical documentation) and then give the completed form to your Dean or Department Head for his/her review.

Dean or Department Head: If you recommend that the Applicant's request be considered, please sign the form where indicated and send it via campus mail to: Director, Environmental Health & Safety, 916 22nd Street, or fax to: (865) 974-0094.

SECTION A: APPLICANT INFORMATION		
Name: Last _____ First _____		Phone: _____
Department: _____	Building: _____	Room #: _____
Temperature Range Desired: From _____ ° F To _____ ° F		
Operating Hours Desired: From _____ AM / PM (circle one) To _____ AM / PM (circle one)		
SECTION B: REQUEST INFORMATION		
Basis for exemption request (please check one):		
<input type="checkbox"/> Medical (you will be contacted for verification; do not attach personal medical documentation)		
<input type="checkbox"/> Sensitive equipment (specify): _____ Ending Date if Applicable (mm/yyyy): _____		
<input type="checkbox"/> Other (specify): _____ Ending Date if Applicable (mm/yyyy): _____		
_____ Applicant Signature	_____ Date (mm/dd/yyyy)	
SECTION C: OFFICE USE ONLY		
Comments: _____ _____		
_____ Dean or Department Head Signature	_____ Date (mm/dd/yyyy)	
Please check one: <input type="checkbox"/> Recommend approval <input type="checkbox"/> Deny request <input type="checkbox"/> Not applicable (non-medical request)	Comments: _____ _____ _____ Director, Environmental Health & Safety Signature _____ Date (mm/dd/yyyy)	
Please check one: <input type="checkbox"/> Recommend approval <input type="checkbox"/> Deny request <input type="checkbox"/> Not applicable (medical request)	Comments: _____ _____ _____ Assistant Director, Facilities Services Operations Signature _____ Date (mm/dd/yyyy)	
Please check one: <input type="checkbox"/> Approve request <input type="checkbox"/> Deny request	Comments: _____ _____ _____ Executive Director, Facilities Services Signature _____ Date (mm/dd/yyyy)	