

**The University of Tennessee  
Search Form**

**Personnel Area:**



Responsible Cost Center #: \_\_\_\_\_ Cost Ctr Name: \_\_\_\_\_  
Dept Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Pay Grade Level: \_\_\_\_\_

New Position:  Yes  No Replacement for: \_\_\_\_\_

Written/Accepted Resignation Received:  Yes  No Date Vacated \_\_\_\_\_

Proposed Hire Date: \_\_\_\_\_ Proposed Hiring Salary Range \_\_\_\_\_

Funding Source(s):  E Account Search  R Account Search  
Cost Ctr# \_\_\_\_\_ % WBS Element# \_\_\_\_\_ %  
Cost Ctr# \_\_\_\_\_ % WBS Element# \_\_\_\_\_ %  
Cost Ctr# \_\_\_\_\_ % WBS Element# \_\_\_\_\_ %

Office Address: \_\_\_\_\_

Office County: \_\_\_\_\_ OED or UT Extension Search Procedures Apply:  Yes  No

Employee Group:  Regular  Term

Employee Subgroup:  Faculty 9-month  Staff:Exec/Admin (Exempt)  Staff: Hourly Input (Nonexempt)  
 Faculty 12-month  Staff: Professional (Exempt)  Staff: Hourly No Input (Nonexempt)

Employment %:  Full Time  Part Time (% of effort for part time \_\_\_\_\_)

Flex Year Appt:  Yes

Limited Duration  Yes (Written Justification Required) Initial  Renewal

Work Schedule  Monday -Friday, 8 hours/day  1st Shift  2nd Shift  3rd Shift  
 Any other, please specify \_\_\_\_\_

Scope of Search:  Departmental  Internal  Local  Regional  National

Position to be advertised on [higheredjobs.com](http://higheredjobs.com)? (Exempt positions only, free posting)  Y  N

Duties/Responsibilities:

Minimum/Required Qualifications (include education, experience, skills & abilities, licenses & certifications):

Preferred/Desired Qualifications:

Apply to (for Exempt Positions):

Apply with (for Exempt Positions):

Approvals:

_____ Signature Department Head	_____ Date	_____ Signature Budget Entity (If applicable)	_____ Date
---------------------------------------	---------------	---	---------------

_____ Signature Dean or Director	_____ Date	_____ Signature Chancellor/Vice President/Provost/Vice Provost (If applicable)	_____ Date
--	---------------	--	---------------

File Number: \_\_\_\_\_

_____ Signature OED/HR	_____ Date
------------------------------	---------------

Complete the first section on this page for positions containing a UT Extension component and/or funding source.  
If the position has no UT Extension component, please disregard page 2.

Position Number: \_\_\_\_\_

**Corporate Function**  
(UT Extension Use Only)

-
-

\_\_\_\_\_%  
\_\_\_\_\_%

-
-

\_\_\_\_\_%  
\_\_\_\_\_%

**County Match**  
(UT Extension Use Only)

\_\_\_\_\_%

**HR/AA Use Only**