# 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](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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Building:</td>
<td>Room #:</td>
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**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):**
- Medical (you will be contacted for verification; do not attach personal medical documentation)
- Sensitive equipment (specify): _____________________________________________________________
  - Ending Date if Applicable (mm/yyyy): ____________
- 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:  
- Recommend approval  
- Deny request  
- Not applicable (non-medical request)  

Comments: __________________________________________________________

Director, Environmental Health & Safety Signature ____________ Date (mm/dd/yyyy)

Please check one:  
- Recommend approval  
- Deny request  
- Not applicable (medical request)  

Comments: __________________________________________________________

Assistant Director, Facilities Services Operations Signature ____________ Date (mm/dd/yyyy)

Please check one:  
- Approve request  
- Deny request  

Comments: __________________________________________________________

Executive Director, Facilities Services Signature ____________ Date (mm/dd/yyyy)