

Campus Wide Temperature Standard EXEMPTION REQUEST FORM

East Carolina University's *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 *East Carolina University Building Temperature Policy*, please see http://www.ecu.edu/cs-admin/campus_operations/sustainability.cfm.

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

Applicant: Please complete Sections A thru C 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: Chairman, ECU Sustainability Committee, Campus Operations, 1001 East Fourth Street, Greenville, NC 27858, or fax to: (252) 328-4059. Please anticipate it will take a minimum of 60 days for your request to be processed.

Section A: Applicant Information		
Name: Last	First	Phone:
Email:	Office Building:	Office Room #:
Section B: Exemption Request Information		
Building:	Room Number(s):	Site Contact:
Temperature Range Desired: From _____ °F To _____ °F		
Operating Hours Desired: From _____ AM/PM (circle one) To _____ AM/PM (circle one)		
Section C: Request Justification		
Basis for exemption request (please check one)		
<input type="checkbox"/> Medical (you will be contacted for verification by Prospective Health; do not attach personal medical information)		
<input type="checkbox"/> Sensitive Equipment (specify): _____		Attach specifications from OEM
Ending date if applicable (mm/yyyy) : _____		
<input type="checkbox"/> Other (specify): _____		
Ending date if applicable (mm/yyyy) : _____		
Section D: Official Use Only		
_____ Dean or Department Head Name - Print		
_____ Dean or Department Head - Signature		_____ Date (mm/yyyy)
Please check One: <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Not applicable (non-medical request)	Comments: _____ _____ _____ Director, Prospective Health Signature Date (mm/yyyy)	
Please check One: <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Not applicable (medical request)	Comments: _____ _____ _____ Director, Environmental Health and Safety Signature Date (mm/yyyy)	
Please check One: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____ _____ _____ Chair, ECU Sustainability Committee Signature Date (mm/yyyy)	