

UNIVERSITY OF CONNECTICUT
UCP END-DATE AND TEMPORARY POSITION REQUEST FORM

Contact Name _____ Request Date _____
Department Name _____ MUD Dept # _____
Contact Email Address _____ Phone Number: _____

➤ **Position Information**

Functional Title: _____ UCP Level: _____

Anticipated Duration: _____

FRS Account Number 1	_____	% of funding	_____
FRS Account Number 2	_____	% of funding	_____
FRS Account Number 3	_____	% of funding	_____
FRS Account Number 4	_____	% of funding	_____

➤ **End-date and temporary appointments are limited to the following circumstances: (Please check applicable box)**

- Funded by grants and contracts
- Cover for positions undergoing job searches
- Cover for a temporary leave of absence
- Hired for a clearly defined and time limited special project
- Cover for an employee who is serving in a temporary or interim assignment
- Cover duties during a departmental reorganization or restructuring

NOTE: *End-dated appointments, not funded by a grant or contract, are limited to a maximum of three years unless an extension is agreed to in writing with the UCPEA Bargaining Union.*

➤ **Detailed description to support end-date appointment**

➤ **Signatures**

_____ Department Head	_____ Date
_____ Dean/Director	_____ Date

Completed form with signatures should be uploaded into Recruiting Solutions with initial search request.