

**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.***