# Campus Wide Temperature Standard Exemption Request Form

East Carolina University’s [Energy Conservation Policy](http://www.ecu.edu/cs-admin/campus_operations/sustainability.cfm) 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](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](http://www.ecu.edu/cs-admin/campus_operations/sustainability.cfm).

**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

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Office Building:</td>
<td>Office Room #:</td>
</tr>
</tbody>
</table>

## Section B: Exemption Request Information

<table>
<thead>
<tr>
<th>Building:</th>
<th>Room Number(s):</th>
<th>Site Contact:</th>
</tr>
</thead>
</table>

Temperature Range Desired: **From_____°F** To **_____°F**

Operating Hours Desired: From **_____ AM/PM** To **_____ AM/PM** (circle one)

## Section C: Request Justification

**Basis for exemption request** (please check one)

- [ ] Medical (you will be contacted for verification by Prospective Health; do not attach personal medical information)
- [ ] Sensitive Equipment (specify): ________________________________________________  
  
  Ending date if applicable (mm/yyyy) : _____________
- [ ] Other (specify): ______________________________________________________  
  
  Ending date if applicable (mm/yyyy) : _____________

## Section D: Official Use Only

<table>
<thead>
<tr>
<th>Dean or Department Head Name - Print</th>
<th>Dean or Department Head - Signature</th>
<th>Date (mm/yyyy)</th>
</tr>
</thead>
</table>

**Please check one:**  

- [ ] Recommend Approval  
  
  Comments:

  Director, Prospective Health Signature | Date (mm/yyyy) |

- [ ] Do Not Recommend  
  
  Comments:

  Director, Environmental Health and Safety Signature | Date (mm/yyyy) |

- [ ] Not applicable (non-medical request)

**Please check one:**  

- [ ] Recommend Approval  
  
  Comments:

  Chair, ECU Sustainability Committee Signature | Date (mm/yyyy) |

- [ ] Do Not Recommend  
  
  Comments:

- [ ] Not applicable (medical request)