



United Faculty Variance Request Application

Submit the application to uf@uf4cd.org

Date of Request: _____

PART 1: Employee Information

Employee for whom the request is being made: _____

Department: _____

Campus: ☐ CCC ☐ DVC-PH ☐ DVC-SRC ☐ LMC ☐ LMC-BRT

Email _____

Phone: _____

Employment Status: *(Select one)*

- ☐ Part-Time ☐ Full-Time Tenured ☐ Classified Professional
- ☐ Full-Time Probationary Year *(Select one)* ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

PART 2: Requester Information

Name of employee making the request: _____

Department: _____

Select one: ☐ Department Chair ☐ Program Lead

Campus: ☐ CCC ☐ DVC-PH ☐ DVC-SRC ☐ LMC ☐ LMC-BRT

Email _____

Phone: _____

PART 3: Type of Request

What type of variance are you requesting? *(Select one)*

- ☐ Evaluation Committee ☐ Evaluation Timeline ☐ Hiring Committee
- ☐ Other (Please specify) _____

PART 4: Request Details

Reason/Justification for the Variance Request:

Please provide a detailed explanation for the request, including any extenuating circumstances if applicable.

Faculty and/or Staff Affected by this Variance Request:

List all employees impacted by this variance request, e.g., faculty who are being evaluated, committee members, etc.

❖ **Don't submit this until you have confirmation that all individuals affected by the variance request are aware and in agreement.**

❖ **Include an email or other proof of their consent with the application.**

PART 5: Agreement & Acknowledgment

I acknowledge that this variance request is subject to review by the UF Executive Board (E-Board) and will be evaluated in accordance with UF policies and guidelines.

Department Chair or Program Lead Signature: _____

Date: _____

For United Faculty Use Only.

PART 6: Administrative Review

Date of E-Board Meeting Discussion: _____

E-Board Decision: ☐ Approved ☐ Denied ☐ Requires Further Review

Comments/Conditions of Decision:

Date applicant was notified of outcome: _____

UF VP or Designated Representative (Print Name): _____