

TBR Form D-1

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

I am requesting approval to change the personnel status of \_\_\_\_\_ (name) at  
\_\_\_\_\_ (College of Applied Technology) effective \_\_\_\_\_ (date).

NATURE OF CHANGE:

FISCAL IMPACT:

JUSTIFICATION:

Signed: \_\_\_\_\_  
Director

Date \_\_\_\_\_

Approved: \_\_\_\_\_  
Vice Chancellor for  
Tennessee Colleges of Applied Technology

Date \_\_\_\_\_

Not Approved: \_\_\_\_\_  
Vice Chancellor for  
Tennessee Colleges of Applied Technology

Date \_\_\_\_\_