THE UNIVERSITY *of* TENNESSEE
**Health Science Center**

**Human Resources**
910 Madison Ave, Suite WP012
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

# HR Background Check Recovery Form

**Date:**

**Business Manager:**

**Requesting Department:** _____

**Telephone:** _____ **Fax:** _____

**Email:** _____

**Please select one:**
- ☐ Trainee
- ☐ Friend
- ☐ Kaplan
- ☐ Post Doc
- ☐ Non UT Student
- ☐ Visiting Scholars
- ☐ Volunteer
- ☐ Other_____

Please charge the following account(s) for the applicant(s) below:

| Applicant Name | Account Number(s) | Department | Amount (HR USE ONLY) |
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| | | **TOTAL** | **$** |

Requestor: (Print)_____Signature:_____Date:_____

**Please return form(s) to Demetriss Gilliam/Barbara Patton within 3 business days to address above.**
**********DO NOT COMPLETE SECTION BELOW**********

| ***Human Resources Office Only*** |
|---|
| TOTAL AMOUNT CHARGED: |
| COST CTR/WBS# CHARGED: |
| G/L ACCOUNT: |
| DOCUMENT #: |
| DATE ENTERED: |
| AVC OF HR SIGNATURE: |

| ***Business Office Only*** **RECEIVED AS CHARGED** |
|---|
| APPROVED BY: |
| RELEASE DATE: |

Revised 7/29/14

| Applicant Name | Account Number(s) | Department | Amount (HR USE ONLY) |
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