

## OFFICE SPACE REQUEST EXCEPTION FORM

Instructions: 1. Complete this form and have the appropriate Department chair/ senior associate dean or unit director sign the form (e-signatures required). 2. Email the completed and e-signed form to the Facilities Space Planning Department at Planning@medsch.ucr.edu 3. Space allocations must be reviewed by the Space Committee and signed by the Dean.

## **Requestor:**

Name:	Title:	
Department:	Email:	Phone:

Occupant Information for Space Requested: Provide occupant information for space requests seeking office space.

Position Title:	-		Total Direct Reports:			

## Office Space Exception Request Justification: Please include the reason for request.

<b>Department Chai</b>	, Senior Associate De	an, or Unit Director
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Signature:

To be filled out by the Space Committee	Approved	Denied
Comments:		
Dean	Approved	Denied
Comments:		