

Completion of this Space Request Form with the proper signatures and supporting documents is **required** to start the space request process.

Space Request Form must have signatures from Department FAO and Department Head before submitting to the Facilities Management Department for review by the space committee and approval by the Dean.

I. CONTACT INFORMATION:		
Requesting Department:		
Name:	Title:	FAU (if applicable):
Phone:	Email:	Date:
II. REQUEST LOCATION:		
Building(s):	Floor(s):	Room(s):
<b>A. How is the current space used (check all that apply)?</b> <input type="checkbox"/> Training/ Classroom <input type="checkbox"/> Office <input type="checkbox"/> Lab/ Research <input type="checkbox"/> Workstations <input type="checkbox"/> Meeting Room <input type="checkbox"/> Student Study <input type="checkbox"/> Storage Room <input type="checkbox"/> Copy <input type="checkbox"/> Hoteling <input type="checkbox"/> Other - Please explain: _____		
<b>B. How much space do you currently have? (Total workstations and offices)</b>		
<b>C. Do you anticipate the number of people in your department increasing within the next two years? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
<b>D. If yes, indicate anticipated growth:</b> Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____		
III. REASON FOR SPACE REQUEST:		
<i>Select All That Apply:</i> <input type="checkbox"/> <b>Space Reassignment:</b> (Moves within previously allocated space(s).) <input type="checkbox"/> <b>Departmental move involving more than one department:</b> (e.g. renovating/reconfiguring space assigned to one department to make room for another department to cohabitate). <input type="checkbox"/> <b>Change of Space Function or Person:</b> (e.g. change a storage room to an office)		
<i>Additional Details:</i> <input type="checkbox"/> <b>Space required for funded research</b> (e.g. lab, specialized space) <input type="checkbox"/> <b>Renovations/upgrades required</b> to existing space not related to maintenance (e.g. relocating walls, doors, new utility connections, HVAC modifications, changes to lighting, changes to floor or ceiling systems, etc.) <input type="checkbox"/> <b>Renewal of space required</b> (e.g. new carpet, paint, window treatments, etc.) <input type="checkbox"/> <b>Purchase or Reconfiguration</b> of new or existing furniture / equipment requested.		

## Space Request Form Pre-Approval Process

	<p>Desired date which request is needed? Please note, if approved we will make every effort to accommodate request, however we cannot guarantee the date will be met.</p>
<p>Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved.</p>	
<p>Describe the type of room requested and how the space will be used</p>	
<p>Describe programmatic needs (i.e. why additional space or changes to existing space is necessary):</p>	
<p>Describe any anticipated space renovations in the targeted space. Attachments may be added to provide further explanation</p>	

## Space Request Form Pre-Approval Process

<b>FUNDING SOURCE</b> Include Funding Source (if applicable):
A. What is the funding source to complete the project?
B. Has your budget been approved? Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Do you have available funds in your current budget? Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Will funding come from a Grant/Award/Donor Yes <input type="checkbox"/> No <input type="checkbox"/>
E. If yes, please specify Grant /Award/ Donor Name:
<b>Request Authorization Signatures:</b> (The signatures below indicate agreement that the space request should be investigated. Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.)

Requestor's Name	Position	Signature	Date

