

## EXCEPTION REQUEST FOR OFFICE SPACE

**Instructions:**

1. Complete this form and have the appropriate Department Chair/Sr. 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](mailto:Planning@medsch.ucr.edu)
3. Space allocations must be reviewed by the Space Committee and sign off 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:
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**Office Space Exception Request Justification: Please include the reason for request:**

**Department Chair, Senior Associate Dean, or Unit Director:**

Name	Title	Signature	Date

Comments:

Approved
  Denied

**Space Committee:**

Name	Title	Signature	Date

Comments:

Approved
  Denied

**Dean:**

Name	Title	Signature	Date

Comments:

Approved
  Denied