

## Space Management - Space Request and Approval Form

»» It is Highly recommended that prior to submitting this form, the following steps are completed: STEP 1) The applicant has reviewed the proposed scope/request with their Department Supervisor (DS) and Division Vice President/Provost (VP/P). STEP 2) Scheduled a meeting with Facilities Planning, Facilities Services and ITS to review the proposed scope, building codes, design/construction requirements, budget and recommendations. Step 4). Review meeting recommendations with DS and VP/P. and receive final endorsement to move forward with the request process. Step 5) Complete form and Submit. \*Note: Please allow a minimum of 4 weeks to complete any action items assigned to Facilities Planning, Facilities Services, and ITS during Step 2.

»» Office reassignments within a department requiring no physical modifications or renovations to the space (e.g. changes with only routine maintenance required), typically do not require approvals beyond the division Vice President/Provost. However, SMC must be informed of these changes for its records and the opportunity to review and respond if needed. (Complete Section B – Part 1 Request Type – Subsection 1.3 Office and upon Vice President/Provost approval submit to SMC)

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### Section A – Applicant Information, Priority and Time Line

Requesting Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Department Chair/Director: \_\_\_\_\_

Request priority rating: \_\_\_\_\_ What is the anticipated time-line (dates) for this request (s): \_\_\_\_\_

Department Dean/ Administration Supervisor Approval and Department Vice President's/Provost Notification of Request:

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Department Dean/ Administration Supervisor

Name (print): \_\_\_\_\_ Notified \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President / Provost

**Section A.1 – Facilities Planning / Facilities Services /Information Technology Notification Sign-Off:**  
Submit to Director of Facilities Planning, Director of Facilities Services and Chief Information Officer for notification Sign-Off  
(this verifies that you have met with these departments to review the proposed scope/request prior to submission)

Name (print): \_\_\_\_\_ Notified \_\_\_\_\_ N/A \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Facilities Planning

Name (print): \_\_\_\_\_ Notified \_\_\_\_\_ N/A \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Facilities Services

Name (print): \_\_\_\_\_ Notified \_\_\_\_\_ N/A \_\_\_\_\_ Date: \_\_\_\_\_  
Chief Information Officer

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## Section B - Space Request:

### PART 1: Request Type (Complete all subsections that apply)

**1.1 Additional Space:** Other: Other: \_\_\_\_\_

Proposed Building Name(s): \_\_\_\_\_ Room Number(s): \_\_\_\_\_

**1.2 Relocation:** Other: \_\_\_\_\_

Existing Location: Building Name(s): \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Proposed Location: Building Name(s): \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Will existing location be reassigned within the department or vacated:

#### 1.3 Office:

If a department wishes to move individuals from one office to another office that is currently assigned within the department or division, then there is no need for approvals beyond the division Vice President/Provost. However, a request for office space that is outside the spaces assigned to the department or division or changing the use of any space to create an office, regardless of location and assignment will require the applicant to complete the required sections within this Form and submit to SMC for approval.

#### For Current Faculty / Staff:

Faculty / Staff Name	Title	Full-Time or Part-Time	Existing: Building & Room No.	Proposed: Building & Room No.	Direct Four Digit Ext.

#### For New Faculty / Staff:

Faculty / Staff Name	Title	Full-Time or Part-Time	Proposed: Building & Room No.	Direct Four Digit Ext.

Vice President / Provost Approval:

Name (print): \_\_\_\_\_

Vice President / Provost

Date: \_\_\_\_\_

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## PART 2: Move

**2.1 Will this request cause additional moves?** (if yes complete separate form for additional moves)

**2.2 Specify furniture and/or equipment to be moved, required or available for reassignment**

Work Station/Computer(s)      Phone(s)      Desk(s)      Chair(s)      File Cabinet(s)      Table(s)      Printer(s)

Modular Station(s)      Other (Identify): \_\_\_\_\_

**2.3 Fully describe special requirements or pertinent details:**

## PART 3: Justification

**3.1 Justification: In the space provided below, summarize the justification for this request:**

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## Section C- Space Change of Use: *if more than one building is involved, attach additional page(s)*

### PART 1: Location

**1.1 Building Name:** \_\_\_\_\_ **Room Number(s):** \_\_\_\_\_

**1.2 Change of Use for Current and Requested Space:**

In space below, indicate current use of space (i.e. Storage room, etc.) and proposed use of space (i.e. office, etc.):

## PART 2: Move

**2.1 Will this request cause additional moves?** (if yes complete separate form for additional moves)

**2.2 Specify furniture and/or equipment to be moved, required or available for reassignment**

Work Station/Computer(s)      Phone(s)      Desk(s)      Chair(s)      File Cabinet(s)      Table(s)      Printer(s)

Modular Station(s)      Other (Identify): \_\_\_\_\_

**2.3 Fully describe special requirements or pertinent details:**

## PART 3: Justification

**3.1 Justification: In the space provided below, summarize the justification for this request:**

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## Section D – Space Renovations or Improvements

### PART 1: Location

1.1 Building Name: \_\_\_\_\_ Room Number(s): \_\_\_\_\_

### PART 2: Scope of work

2.1 Indicate Scope of Work: (check all that apply):

Exterior modifications	Interior partitions	Ceilings modifications	
Finishes (paint, tile, carpet, etc.)	Lighting modifications	Electrical modifications	HVAC modifications
Millwork	New equipment	New furniture required	

2.2 In the space below, specify any additional work required and special requirements such as electrical, HVAC requirements, lab equipment, furniture, etc.:

2.3 Will the space involve any IT requirements (new data/computer/network requirements), AV requirement's, phones and/or Security:

If Yes, Identify: \_\_\_\_\_

### PART 3: Justification

3.1 Justification: In the space provided below, summarize the justification for this request:

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## Section E - Space Transfer Request Between Departments/Division

### PART 1 Department/Division:

Department/Division Releasing Space: \_\_\_\_\_

Department/Division Acquiring Space: \_\_\_\_\_

### PART 2: Location

Building(s): \_\_\_\_\_ Room No(s): \_\_\_\_\_

Current Use(s): \_\_\_\_\_ Release Date(s): \_\_\_\_\_

### PART 3: Justification

3.1 Justification: In the space provided below, summarize the justification for this request:

## Section F – Release of Space

### PART 1: Location and Release Date

1.1 Building Name: \_\_\_\_\_ Room Number(s): \_\_\_\_\_ Release Date: \_\_\_\_\_

### PART 2: Departments/Divisions Interested in Vacated Space

2.1 Department(s)/Division(s): \_\_\_\_\_

### PART 3: Justification

3.1 Justification: In the space provided below, summarize the justification for this request:

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## Section G – Budget

1. Will there be an increase in operating costs as a result of securing this request (i.e. IT, service contracts, staff, etc.):

No      Yes - Identify: \_\_\_\_\_ Provide estimated yearly operating cost: \$ \_\_\_\_\_      Unknown

2. Provide estimated budget for moving expenses: \$ \_\_\_\_\_      Unknown

3. Provide estimated budget for renovations or improvements including FF&E: \$ \_\_\_\_\_      Unknown

4. Identify Funding Source: \_\_\_\_\_ To be determined      Other Funding Source: \_\_\_\_\_

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## Section H - Submission/Approval Sequence

Applicant → Department/Division Vice Presidents/Provost for final approval → Vice Presidents/Provost → Space Management Committee

**\*Approval from all Vice President's/Provost is required to advance request to SMC for Review and Recommendation.**

Exception: If a department wishes to move individuals from one office to another office that is currently assigned within the department or division, then there is no need for approvals beyond the division Vice President/Provost. However, request shall be submitted to SMC for their information, records and the opportunity to review and respond if needed.

**\*\* Any VP/Provost can table the request if they feel there is not enough information, or the request is too sensitive.**

Name (print): \_\_\_\_\_  
Provost and Vice President for Academic Affairs

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_  
Vice President for Student Affairs

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_  
Vice President for Finance and Administration

Date: \_\_\_\_\_

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## Section I - Space Management Committee Review and Recommendation

This request has been reviewed by the Space Management Committee and makes the following recommendations. Submitting a request to the SMC will not guarantee the request will be approved. The applicant will be contacted once the request has been approved, tabled or denied.

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### Space Management Committee Recommendation:

**Additional Information is required in order to render a recommendation:** *Provide information and return to SMC by [Date]:*

Information Request:

Prior to submitting responses, applicant has reviewed the additional information requested with their respective Department Chair/Director/Dean/ or Administration Supervisor and if required their Department Vice President/Provost:

Yes      No

Response:

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### Space Management Committee Final Comments and Approval Recommendation

**REQUEST IS:** \_\_\_\_\_ **Per Space Management Committee Meeting Held on (Date):** \_\_\_\_\_

**Comments:**

**Space Management Committee Chair or Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name

**Submitted Request To Cabinet for Final Approval:**      No      Yes

**CABINET APPROVAL:**      **Date:** \_\_\_\_\_

**Approved Funding Source (per Cabinet):** \_\_\_\_\_ **Other Funding Source:** \_\_\_\_\_

**Applicant Shall Contact the Following to Coordinate Requirements and Management of Moving, Renovations or Improvements, IT Requirements and Building/Fire Code Requirements:**

Facilities Planning (3722)      Facilities Services (3452)      ITS(4670)

**Space Management Committee Chair will submit copy of final recommendation to applicant.**

#### General Information:

- Once approved, you may contact Facilities Services to submit required work orders
  - Facilities Services can assist you with the following:
    - Moving furnishings and equipment – delivering packing boxes, setting up work orders, and scheduling such work at the best possible times.
    - Arranging for moves of phone service, computers and other items.
    - Logistics of key requests / surrender of old keys, card access setup, changes to mail delivery, directory information, signage, etc.
    - Necessary modest maintenance tasks, such as paint, carpentry, cleaning, or special accommodations.
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