

Space Management - Space Request and Approval Form

Applicant Information

Request priority rating: _____

Requesting Department: _____ Today's Date: _____

Contact Person Name: _____ Phone: _____ Email: _____

Justification (Describe how this request for space is important and how it is tied to the University Strategic Plan/Priority):

Type of Space Requested:

A: The space request is for: (check all that apply):

Additional Space
 Reassignment of Space
 Modification of Space
 Other (Identify): _____

B: New Space(s) Request

Space Type	No. of Spaces Required	No. of Planned Occupants	Preferred Location (i.e.: Area of Campus, Building, General Requested Location, etc.)	Room Number(s)	Square Feet (if known)
Faculty Office					
Staff Office/Cubicle					
Student Office/Cubicle					
Conference/Seminar					
Classroom					
Teaching Laboratory					
Research Laboratory					
Support Space					
Other					

C: Request to change function of Space(s)

Current Space Function	New Function	No. of Planned Occupants	Location (i.e.: Area of Campus, Building, General Requested Location, etc.)	Room Number(s)	Square Feet (if known)

D: If known list the current assigned occupant / department of the space requested:

E: Are special accommodations, equipment requirements, space renovation or improvements needed?

Yes No If yes, briefly describe (See general information for assistance):

F: Will existing space be vacated if this request is approved? Yes No

If yes, list spaces to be vacated (building & Room No.):

G: Explain why the space being requested cannot be accommodated in space currently available to the department:

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

Approval Signatures Required for Further Consideration:

Chair or Director: _____ Approved Not Approved

Dean: _____ Approved Not Approved

Vice President or Provost: _____ Approved Not Approved

Fredonia Space Management Committee Use Only

Space Management Committee (SMC) Action

Recommended Not Recommended Date:

Returned to Administrator / Contact Person for more Information Date:

President / Cabinet Approval

Approved Not Approved Date:

Approved funding source Date:

Space Management Committee Chair

Assigned Reference Number:

Completed request Date:

Space request reported to Facilities Planning, Facilities Services & ITS Date:

Completed request forwarded to application contact person Date:

Space Management Committee (SMC)

General Information

Pre-Submission of application:

It is HIGHLY recommended that prior to submitting this form, the following steps are completed:

1. The applicant has reviewed the proposed scope/request with their Department Supervisor.
2. Identify funding source.
3. Scheduled a meeting with Facilities Planning, Facilities Services and ITS to review the proposed scope, building codes, design/construction requirements, budget and recommendations.
4. 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 in step 3.

Office Reassignment within Department:

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.

Special accommodations or equipment requirements:

1. Specify furniture and/or equipment to be moved:

- Work Station/Computer(s)
- Phone(s)
- Desk(s)
- Chair(s)
- File Cabinet(s)
- Table(s)
- Printer(s)
- Modular Station(s)
- Other
- Fully describe special requirements or pertinent details

2. Specify modifications to the space:

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

3. Specify any additional work required and/or special requirements .

4. Specify any IT requirements (new data/computer/network requirements), AV requirement's, phones and/or Security.

Once application is approved

1. Once approved, you may contact Facilities Services to submit required work orders
2. 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.