## **Space Request Form**



## **INSTRUCTIONS**

Prior to submitting a space request, vet requests with supervisors/unit heads to ensure agreement.

Applications will not be processed unless an inventory, including purpose and/or occupancy of all the spaces currently being used by the department is complete and/or updated, and provided to the Office of Space Management.

Complete the form and attach any additional information as necessary. If you have questions, need assistance, or clarification, please e-mail the Office of Space Management, Space@uwyo.edu.

After the approval has been made, it will be the responsibility of the requesting party to obtain cost estimates from UW Operations for conducting work and/or moving expenses. It will be the responsibility of the requesting party to provide the funding for such expenses.

REQUESTOR	RINFORMATION					
Name:				Date:		
Department:				College/Division:		
Email:				Phone:		
SPACE NEED						
Duration of Space Need:  ☐Temporary (less than 2 years)		Purpose:  ☐ New Hire			Do you have a space in mind? Specific Building and Room	
month(s)		☐ Instruction		Location:		
□Permanent		☐ Research/Grant		Ideal Building:		
Date Needed By:		□Other:			Spaces to be vacated:	
Space Type:						
# of Each	Type of Position			# of Eac	h	Non-Office
	Dean or Director					Research/Grant Lab
	Assoc. Dean or Dire Department Head Faculty, Academic P Staff		,			Teaching Lab
						Office Workroom
	Visiting or Adjunct Faculty					Conference Room
	Support Staff: Cleric Research	cal, Office &				Classroom
	Graduate Assistants Faculty & Staff	, Part-time				Storage
	Emeritus Faculty, w is available	hen space				Other

## JUSTIFICATION OF NEED

Please attach additional explanations on another sheet if needed.

1.	What is being requested and why? Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current programming, and/or other reasons.					
<u> </u>	In what way is your current space inadequate for the identified need?					
3.	Have temporary arrangements been made for the requested purpose? If so, how?					
4.	Briefly describe the intended use for this space:					
5.	Are there any equipment requirements, special needs (electrical, ventilation, etc) or other special circumstances (parking, access controls, etc) associated with the space request?					
6.	Does your request require adjacencies to other departments, organizations, programs, or functions?					
7.	,					
_	If yes, explain. Attach a copy of estimate if available.					
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8.	How will you pay for the moving, and/or renovation costs of the requested space? If using grant monies, confirm that this is an approved use of the money and maximum amount available.					
	Cost estimates from UW Operations RFE process attached: Yes No					
9.	If this request is denied, what will be the consequences?					
10	. If this space request is based on research grant that has been funded or is anticipating funding?  Yes No					
	ticipated Funding: \$ Date Anticipated:					
	nded: \$ Date Received:					
Gr	ant: \$ Date Received:					

11. Attach floor plans or sketches and supporting documents for this request. Floor plans are available from the Space Management Office.

The Dean of Academic College or Department Head for all non-Academics, and Provost or Vice President signature is required prior to sending to Space Management.

Upon completion of this form, all materials should be forwarded to Space@uwyo.edu for a due diligence review. A thorough analysis of the request and supplemental material will be reviewed with the requestor to discuss possible solutions. Final decisions will be made by the Space Allocation Committee.

Submit completed and signed space requests to Space@uwyo.edu.

Department Head							
Comments/							
Exceptions:							
This request has been reviewed and approved for submission by the Department Head.							
Signature:							
Print Name:	Date:						
Dean							
Comments/							
Exceptions:							
This request has been reviewed and approved for submission by the Dean.							
Signature:							
Print Name:	Date:						
Fillit Name.	Date.						
December 1850 December 1							
Provost or Vice President							
Comments/							
Exceptions:							
This request has been reviewed and approved for submission by the Provost/Vice President.							
This signature is not an approval, but an acknowledgement of the request.							
Signature:							
Print Name:	Date:						
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