

UW Space Assignment and Management

Change of Use Form

Introduction: UW Regulation 2-181 defines space assignment and management at the University of Wyoming, and outlines how the process is to be carried out. Section two states that, "It is the responsibility of each administrator with delegated responsibility for space management to ensure that changes in assignment, classification and function, are reported to the FPO (Facilities Planning Office)." In addition, "The FPO is available to provide an evaluation of space options and should be utilized for resolution of space requests." Additional references are made regarding participants and their role in the space allocation process; this form is intended to assist in meeting those responsibilities. Please complete the form and submit to the Facilities Planning Office.

I. Requested By:

_____ Department

_____ College/Division

II. Current Use:

- a. Building: _____ Room No. _____
- b. Current Use: _____

III. Proposed Usage:

 Please explain the proposed usage of the room.

1. Office Type: Faculty Staff Graduate Students/TA Students Other (please specify below)
2. Office Service (copier, files, mail boxes): _____
3. Conference Room - seating capacity: _____
4. Research Laboratory: Complete Addendum A.
5. Storage/Warehouse: _____
6. New Department/College/Division: _____
7. Other _____

IV. Timeline:

 The time the change in function would occur.

1. Temporarily: Beginning _____ and ending _____.
2. Permanently: Beginning _____.

V. Reasons for Change:

 Attach a detailed narrative that follows the below format:

1. Description: Please provide a succinct description of your change request, including what is being changed and why. Indicate whether this is being driven by a new program, a research grant, inadequate space to provide current program, and/or other reasons.

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Submitted/Endorsed by:

	Name of Department/Unit Contact Person: _____
_____ Signature of Dept/Unit Head (date)	Building: _____
_____ Signature of Dean/Director (date)	Phone: _____
_____ Signature of College Facilities Coordinator (if applicable) (date)	Fax: _____
	E-mail: _____

Unsigned request will not be considered.

Please submit this request to the Department of Facilities Planning, Manager of Space Allocation, Merica Hall, Room 208. Questions: call 766-2648.

Please note: After approval, it will be the responsibility of the requesting party to obtain cost estimates from Physical plant for conducting any work or moving expenses. It will be the responsibility of the requesting party to provide the funding for such expenses.

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Addendum A

Teaching Lab

Number of student seats: _____ Number of computers: _____

Lab type: Wet____, Dry____

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fumes Hoods: Number/Size _____

Waste (specify): Liquid____, Dry____, Biohazard____, Radioactive____

Amount (volume/week) _____

Are operations covered by an existing safety plan: Yes____, No____

Research Lab

Number of workstations? _____

Lab type: Wet____, Dry____

Hazards: List all chemical and physical hazards, such as lasers, corrosives, drill press, etc. Attach a separate list, if necessary.

Chemicals (list) _____

Processes and specific hazards (list) _____

Fumes Hoods: Number/Size _____

Waste (specify): Liquid____, Dry____, Biohazard____, Radioactive____

Amount (volume/week) _____

Are operations covered by an existing safety plan: Yes____, No____

Contract/Grant Effective Dates

Total \$ Amt. of Agreement