

UW Space Assignment and Management

Space Request 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. Situation:

1. Change in the use of existing space
 - a. Building: _____ Room No. _____
 - b. Current Use: _____ Proposed Use: _____
2. Allocation of additional space _____
3. Existing Space will be vacated if this request is approved.
 - a. Building: _____ Room No. _____

III. Specifications: Please provide information on the type(s) of space being requested and the number of people to be supported. The amount of space required to meet the request will be calculated based on UW Regulation 2-181, Appendix 1, “Space Management Utilization Standards.”

1. Classroom: Number of student seats: _____
 - a. Preferred seating type: Fixed____, Moveable____
 - b. Preferred seating layout: Auditorium____, Tables/chairs____, Tablet armchairs____
2. Teaching Lab: Complete Addendum A
3. Research Lab: Complete Addendum A
4. Office information:

| <i>Type of Position</i> | <i>Number of Rooms</i> | <i>Number of Personnel</i> |
|--|------------------------|----------------------------|
| Dean or Director | | |
| Associate Dean or Director, Department Head | | |
| Faculty, Academic Professional, Staff | | |
| Visiting or Adjunct Faculty | | |
| Support Staff: Clerical, Office & Research | | |
| Graduate Assistants, Part- time faculty & Staff | | |
| Emeritus Faculty, when space is available | | |

5. Office Service (copier, files, mail boxes): _____
6. Conference Room - seating capacity: _____
7. Storage/Warehouse: Conditioned____, Unconditioned _____ Sq. Ft.
8. Other _____ Sq. Ft.

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IV. Timeline: The requested space is needed:

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

Note: *Please submit at least six months in advance of anticipated moving date.*

V. Reasons for Request: Attach a detailed narrative that follows the below format:

1. Description: Please provide a succinct description of your space request, including what is being requested 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.
2. Proximity: Indicate other departments, organizations, programs, or functions which should be in proximity to the requested space and why.
3. Location: Indicate any location(s) you want considered in filling this space request.
4. Options explored: Provide assurance that all avenues to solve this space requirement within existing space have been explored. For example, has the department/college considered maximizing under-utilized space to solve this need? Has the department/college re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
5. Timing: Describe any programmatic issues affecting the timing of your move such as the need to move during a class break, at the end of a semester, during summer months, coincident with another activity, etc. Please allow six months for processing your request.
6. Parking/Transportation: Describe any special parking and transportation access needs
7. Other: Any other information that will support or better define this space request.

Submitted/Endorsed by:

| | |
|---|--|
| _____ Signature of Dept/Unit Head (date) | Name of Department/Unit Contact Person: _____ |
| _____ Signature of Dean/Director (date) | Building: _____ |
| _____ Signature of Vice President (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 has been made it will be the responsibility of the requesting party to obtain cost estimates from either the FPO or 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