

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 call the Office of Space Management, Chris Maki 307.766.2648.

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 INFORMATION

Name: _____

Date: _____

Department: _____

College/Division: _____

Email: _____

Phone: _____

SPACE NEED

Duration of Space Need:

Temporary (less than 2 years)

_____ month(s)

Permanent

Date Needed By: _____

Purpose:

New Hire

Instruction

Research/Grant

Other: _____

Do you have a space in mind?

Specific Building and Room

Location: _____

Ideal Building: _____

Spaces to be vacated: _____

Space Type:

# of Each	Type of Position
	Dean or Director
	Assoc. 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

# of Each	Non-Office
	Research/Grant Lab
	Teaching Lab
	Office Workroom
	Conference Room
	Classroom
	Storage
	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.

2. 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. Will the area require facility modification? Yes No
If yes, explain. Attach a copy of estimate if available.

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

Anticipated Funding: \$ _____

Date Anticipated: _____

Funded: \$ _____

Date Received: _____

Grant: \$ _____

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 the Space Manager 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 Chris Maki, Manager of Space Allocation, Bureau of Mines 221, or CMaki1@uwoyo.edu.

Department Head	
Comments/ Exceptions:	
<i>This request has been reviewed and approved for submission by the Department Head.</i>	
Signature:	
Print Name:	Date:

Dean	
Comments/ Exceptions:	
<i>This request has been reviewed and approved for submission by the Dean.</i>	
Signature:	
Print Name:	Date:

Provost or Vice President	
Comments/ Exceptions:	
<i>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.</i>	
Signature:	
Print Name:	Date: