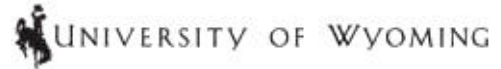


CEAS Space Request Form



INSTRUCTIONS

Prior to submitting a space request, please vet requests with supervisors/Department Heads to ensure agreement with moving forward.

Complete the form and attach any additional information as necessary. If you have questions, need assistance, or need clarification, please call CEAS Facility Manager, Steve Salmans 307.761.1497

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 or moving expenses. It will be the responsibility of the requesting party to provide the funding for such expenses.

REQUESTOR INFORMATION

Name: _____

Date: _____

Department: _____

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: _____

Occupied y/n?: _____

Spaces to be vacated: _____

Occupant 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. Please 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, please 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 other supporting documents for this request. Floor plans are available from the CEAS Facility Manager.

Upon completion of this form, all materials should be forwarded to the Facility Manager for review by the CEAS Space Allocation Committee. 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 CEAS Dean.

Submit complete and signed space requests to Steve Salmans, CEAS Facility Manager, EERB 401B or ssalmans@uwyo.edu.

Department Head: Supportive of this request? YES / NO / Need more information	
Comments/ Exceptions:	
<i>This request has been reviewed for submission by the Department Head. This signature is not an approval but an acknowledgement of the space request</i>	
Signature:	
Print Name:	Date:

CEAS Dean - APPROVAL	
Comments/ Exceptions:	
<i>This request has been reviewed and approved by the CEAS. This signature is an approval.</i>	
Signature:	
Print Name:	Date: