Space Allocation Form

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| **SECTION I - REQUESTING DEPARTMENT (complete this section electronically, print and forward to appropriate Dean or AVP)** |
| 1. Date:  2. Requestor Name:       Requestor Tele No:       Requestor Dept.:  3. Space Requested:  a) Building      Room:  b) Current space description (office, storage, classroom, etc.):  c) Proposed space change description:  d) Does the proposed change require funding?       If so, identify funding source:  3. Departments Affected:  a) Current dept. occupying the space:       Dept./Account Code (six digit number):  b) Proposed dept. to occupy the space:       Dept./Account Code (six digit number):  4. Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  (print name) (signature) (date)  5. Chairperson/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  (print name) (signature) (date) |
| **SECTION II - DEAN/AVP APPROVAL (Dean or AVP to complete and forward to Facilities PDC)** |
| ☐ Consulted with Building Administrator  ☐ Recommended  ☐ Not Recommended  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean/AVP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  (print name) (signature) (date) |
| **SECTION III - FACILITIES PDC USE ONLY (Facilities PDC to complete and forward to Provost or VP)** |
| ☐ PSI use confirmed as listed by Requestor PSI Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Code Compliant Code Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ NOT Code Compliant  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION IV – PROVOST OR VP APPROVAL (Provost or VP to complete and forward to Facilities PDC or VP & FMPOC– see below)** |
| ***If change is within Division, form is complete- return to Facilities PDC. If across Division, forward to VP and then FMPOC.***  ☐ Approved ☐ Approved  ☐ NOT Approved ☐ NOT Approved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Provost or VP Signature Date Cross Division: Provost/ VP Signature (if applicable) Date |
| **SECTION V – FMPOC RECOMMENDATION (FMPOC Chair to complete and forward to President)** |
| ☐ Recommended  ☐ Not Recommended  FMPOC Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION VI – PRESIDENT APPROVAL (President to complete and return to Facilities PDC)** |
| ☐ Approved  ☐ NOT Approved  President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Effective May, 2015