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 RecommendedComments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 RecommendedFMPOC Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **SECTION VI – PRESIDENT APPROVAL (President to complete and return to Facilities PDC)** |
|  ☐ Approved ☐ NOT Approved President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Effective May, 2015