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|  | UW System Administration Space Request Form | ***Submit to:***  *Janis Richard*  *Capital Planning & Budget*  [*jrichard@uwsa.edu*](mailto:jrichard@uwsa.edu) |

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| Complete this form to request (1) an office move from one location to another, or (2) assignment of cube/office space for new positions (including consultants) and submit with as much advance notice as possible prior to desired date. Thank you. | |
| **INFORMATION:** | |
| Requestor (Primary Contact): |  |
| Dept./Unit/: |  |
| Phone: |  |
| Email: |  |
| Date: |  |

**SUMMARY OF REQUEST:**

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| Request for Additional Space to support new or expanded activity  Request to relocate to a new/different location | |
| SUMMARY - TYPE AND NUMBER OF SPACES REQUESTED: |  |
| BUILDING AND LOCATION (Identify any adjacency requirements to other units/programs): |  |
| WILL THE IDENTIFIED SPACE REQUIRE MODIFICATIONS? If yes, explain.  (ADA, standing desks, etc.) |  |
| WHAT SPACE WILL BE VACATED? |  |
| ARE NEW FURNISHINGS REQUIRED or DO EXISITNG SYSTEMS FURNITURE NEED RECONFIGURATION |  |
| SPECIALIZED EQUIPMENT OR FILE STORAGE: |  |
| **PEOPLE TO OCCUPY SPACE (Please fill out all columns - Add lines as needed):**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Job Classification** | **Appt. Level (% FTE)** | **New Hire** | **Existing**  **Staff** | **Consultant** | **Space Type**  **Closed Office**  **or Open**  **Workstation** |  | |  |  |  |  |  |  |  | | |  | |  |  |  |  |  |  |  | | |  | |  |  |  |  |  |  |  | | |  | |  |  |  |  |  |  |  | | |  | |  |  |  |  |  |  |  | | |  | | |
| **SPACE NEED REQUEST:**   |  |  | | --- | --- | | Have you tried to meet your space need within your existing inventory or by sharing space? |  | | In what way is your current space inadequate for the identified need? |  | | Is this temporary and how long will the space be used for the requested purpose? |  | | What is the anticipated time-line for the requested space i.e. start date? |  | | Who will pay for moving, and/or renovation or furniture costs of the requested space? |  | | If available, please attach floor plans and/or sketches and supporting documents for this request. |  | | This request has been reviewed and approved for submission by the **PRESIDENTS COUNCIL REPRESENTATIVE** | **Name:**  **Title:** | | *A thorough analysis of this request and supplemental material will be reviewed with the requestor. The final recommendations regarding this space request will be discussed with and determined by the Associate Vice President.* | | | |

**OFFICIAL USE**

|  |  |
| --- | --- |
| **SPACE REQUEST #** |  |
| **Evaluation Date:** |  |
| Yes  No | Does this request fulfill department, mission, and goals? |
| Yes  No | Are funds available for this project? Explain in recommendation. |
| Recommendation: | |

**APPROVAL PROCESS:**

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| --- | --- |
| This request has been reviewed by the **AVP OF Capital Planning & Budget** | * AVP of Capital Planning & Budget |
| This request has been reviewed and approved by the **Vice President of Finance** | * VP of Finance |