**Date:**

**VC Area and Department:**

**Contact Name and Email Address:**

1. Current Building / Location:
2. Explain space drivers such as growth of staff, department reorganization, displacement/relocation from existing location, operational efficiencies/consolidation. When is space needed?
3. Specify programs to be supported.
4. Describe space requirements, including approximate ASF and type of space (offices, work rooms, special use equipment rooms, training rooms, meeting rooms).
5. What are the adjacency requirements? Is there a preferred campus location?
6. Describe any major reorganizations or new programs planned that will impact future space needs.
7. If renovation is required, please specify funding source, if known:
8. **Personnel information:** Use the chart below (or similar attachment, if necessary) to list current and new employees who will work in the space requested, and the type of space they occupy, private office, workstation, shared station. Also provide an Organizational Chart for your department.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Existing FTE** | **New FTE** | **Employee Full Name** | **Employee Title** | **Space Type:**  **Private Office, Workstation, or**  **Shared workstation** | **% of time in space** | **Office or room number if known** |
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|  |  |  |  |  |  |  |

**VC Space Manager:**

**Signature Date:**

**Authorizing VC Representative:** Indicating that this request has been endorsed by the cognizant Vice Chancellor.

**Signature Date:**