

NORMAN CAMPUS SPACE ALLOCATION REQUEST FORM

Name: _____ Title: _____

Department: _____ CFS Account (Required): _____

Phone: _____ Email: _____

Type of Request *(Check all that apply)*

Request for New Space * Move Request * Relocation of Department or Staff ** Remodel** Renovation Reallocation of Space *** Change of Space Function *** College Level Change *** Department Level Change Discrepancies in Current Space Data Relinquishing of Space (please provide details including building and room numbers in the space inventory section below).

Is this a request for a second or more office on the Norman Campus? Yes No If yes, please list the building & Room number of your current office.

Building _____ Room Number _____ Employee Name(s) _____ EMPLID: _____

Reason for multiple office? _____

**Moves require a minimum of 3 weeks' notice*

*** Remodels and Renovations may require a minimum of 6 months planning and design before construction starts.*

****Requires separate business justification with Division VP approval for consideration by the VP of Operations*

(Required) Are departmental funds available to fully cover the cost of this request? Yes No (If yes, please list funding source and funds available).

List Anticipated Primary Funding below (Please indicate source of cost sharing if applicable):

| CFS Description | CFS Account Number (Required) | Funding Amount Available (Required) |
|-----------------|-------------------------------|-------------------------------------|
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| | | |

Purpose of the Request:

Briefly describe the need for space and the reason your department is requesting space, including: In what way your current space is inadequate for your needs and efforts that have been made to use any existing assigned space for the stated purpose. Attached a separate sheet of paper if needed.

Is this request related to grant funding activity? Yes No (If yes, both VP and VPRP signatures required). IDC rate: _____

Grant start date: _____ End date: _____ Grant Number: _____

What will you use the space for (check all that apply)?

Office (Check all that apply: Faculty Adjunct RTF Emeritus Student Post Doc PhD Staff Instruction Research Administration

Office Facilities Food Service Other Please explain: _____

Required: Provide EMPLID for all who will be assigned to use the space: _____

Space Assessment and Assignment Request Information:

Describe the intended use of the space for each room requested, including: **Building location, room number and any special requirements required.** Attach a separate sheet of paper if you need additional space.

Timeline:

Temporary Space: Date range needed _____

Permanent Space: Date when space is needed _____

Anticipated Renovations:

No Renovation anticipated Paint/Flooring renovation only Minor renovation anticipated (describe below)

Major renovation (describe below) Please provide a brief description of anticipated renovations. Please attach a separate sheet if you need more space. **Included funding source and funding amount above. Remodels and Renovations could require a minimum of 6 months planning and design before construction starts.**

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Space Inventory:

List any space(s) that will be vacated or could be vacated with the approval of this request. If this space request is in conjunction with another department's request, please provide those details.

Note any Programmatic or Operational Changes expected to influence the Project (i.e., Change of space or how space is allocated)

Endorsement signature of **Dean or Director:**

| | |
|--------------|-------|
| Signature | Date |
| Printed Name | Title |

Endorsement signature of **Vice President:**

| | |
|--------------|-------|
| Signature | Date |
| Printed Name | Title |

Endorsement signature of **Vice President of Research and Partnership if grant funding is involved:**

| | |
|--------------|-------|
| Signature | Date |
| Printed Name | Title |

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Action of Space Management Committee: Approved Approval No. _____ Denied Hold for further planning or funding

Comments:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

*All approved requests must be completed with the fiscal year funds indicated on the approved request. If the scope of a project changes or budgets increase from original request, an update must be sent to the Space Committee. If a non-capital project is not completed within a year using original funds, a new request must be submitted, and the old request will be void.