UC RIVERSIDE | School of Medicine
Facilities Planning

Space Request Form
Remodels, Renovations, Capital Projects
Pre-Approval Process

Completion of this Space Request Form with the proper signatures and supporting documents is **required** to start the space request process.

Space Request Form must have signatures from Department FAO and Department Head before submitting to the Facilities Management Department for review by facilities and/or the space committee and approval by the Dean.

I. CONTACT INFORMATION:		
Requesting Department:		
Name:	Title:	FAU (if applicable):
Phone:	Email:	Date:

II. REQUEST LOCATION:		
Building(s):	Floor(s):	Room(s):

A. How is the current space used (check all that apply)?
☐ Training/ Classroom   ☐ Office   ☐ Lab/ Research   ☐ Workstations   ☐ Meeting Room   ☐ Student Study
☐ Storage   ☐ Copy Room   ☐ Hoteling   ☐ Other - Please explain:

B. How much space do you currently have? (Total workstations and offices)

C. Do you anticipate the number of people in your department increasing within the next two years? Yes ☐   No ☐

D. If yes, indicate anticipated growth:

Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____

III. REASON FOR SPACE REQUEST:

Select All That Apply:

☐ **Space Reassignment:** (Moves within previously allocated space(s).)

☐ **Departmental move involving more than one department**: (e.g. renovating/reconfiguring space assigned to one department to make room for another department to cohabitate).

☐ **Change of Space Function or Person:** (e.g. change a storage room to an office)

Additional Details:

☐ **Space required for funded research** (e.g. lab, specialized space)

☐ **Renovations/upgrades required** to existing space not related to maintenance (e.g. relocating walls, doors, new utility connections, HVAC modifications, changes to lighting, changes to floor or ceiling systems, etc.)

☐ **Renewal of space required** (e.g. new carpet, paint, window treatments, etc.)

☐ **Purchase or Reconfiguration** of new or existing furniture / equipment requested.

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	Desired date which request is needed? Please note, if approved we will make every effort to accommodate request, however we cannot guarantee the date will be met.

Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved.

Describe the type of room requested and how the space will be used

Describe programmatic needs (i.e. why additional space or changes to existing space is necessary):

Describe any anticipated space renovations in the targeted space. Attachments may be added to provide further explanation

FUNDING SOURCE Include Funding Source (if applicable):	
A. What is the funding source to complete the project?	
B. Has your budget been approved? Yes ☐ No ☐	
C. Do you have available funds in your current budget? Yes ☐ No ☐	
D. Will funding come from a Grant/Award/Donor Yes ☐ No ☐	
E. If yes, please specify Grant /Award/ Donor Name:	
Request Authorization Signatures: (The signatures below indicate agreement that the space request should be investigated. Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.)	

_____   _____   _____   _____

Requestor's Name   Position   Signature   Date

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Department FAO: Date:

Comments:

Assoc Dean/Department Head/ Department Chair: Date:

Comments:

SOM Facilities/
Space Committee: Date:

Comments: For review only; forward to CFAO with recommendations

SOM CFAO: Date:

Comments:

SOM Dean: Date:

Comments:

For Internal Use Only		
Date Received:	Supplemental Forms Attached:	
Form is Complete? Y ◯ N ◯		
Date Discussed:		
Date Decided:		
Form Processed by:	Proposed Budget:	Previous Sq. Ft:
		New Sq. Ft:
Recommendation: ◯ Approve ◯ Deny ◯ Defer		
Additional Information Requested		
Comments:		

12.2022