Space Request Form

UWF Space Management

Facilities Planning, Maintenance & Construction
Building 90
University of West Florida

For more information, contact the UWF Space Manager at 474-3427

Date:

Dept. / Unit Requesting Space:

Contact Person: **Phone:**

Email:

Date Space is needed:

(Please keep in mind that it can take, on average 2 to 6 mths to identify new space).

Describe how your request for space is important and how it is tied to the University strategic priorities:

Space Type	**No. of Rooms:**	**No. of People:**	**Net Square Feet:**
Totals:			

Duration: ☐ Long Term (more than 2 yrs) ☐ Short Term (1- 2 years) ☐ Interim ☐ months

This request is for:
(check all that apply)

☐ Additional Space ☐ Reassignment of Space ☐ Modification of Space
☐ New Construction ☐ Other

Space will be used for:
(check all that apply)

☐ Instruction ☐ Administration ☐ Research
☐ Storage ☐ Support ☐ Other

Describe how this space will be used and how often

Space will be used by:
(check all that apply)

☐ Faculty ☐ Administrator ☐ Other
☐ Staff ☐ Students

Personnel (please list below)

(select one)

Name	Title	FTE	New / Existing

Are special accommodations or equipment requirements needed? ☐ Yes ☐ No

If yes, please briefly describe:

Preferred location of space:

Adjacency Relationships:

Building Room # (s):

Current assigned occupant/department:

Will existing space be vacated if this request is approved? ☐ Yes ☐ No

If yes, spaces to be vacated:

Building Room # (s):

Building Room # (s):

Building Room # (s):

Explain why the space being requested cannot be accommodated in space currently available to the department.

Approval Signatures Required for further consideration:

Signature of Chair or Director: _____
(signature indicates accuracy of information and concurrence with request)

☐ Approved
☐ Not Approved

Signature of Dean : _____
(signature required for requests from Academic Departments)

☐ Approved
☐ Not Approved

UNIVERSITY SPACE UTILIZATION COMMITTEE USE ONLY

University Space Utilization Committee (USUC) ***Action***

☐ Recommend Date:_____

☐ Not Recommend Date:_____

☐ Returned to Administrator for more information Date:_____

☐ Forwarded to President/Vice President with endorsement Date:_____

Vice President

☐ Approved Date:_____

☐ Not Approved Date:_____

☐ Return to USUC chair for more information Date:_____

President *(required for multiple division space requests)*

☐ Approved Date:_____

☐ Not Approved Date:_____

☐ Return to USUC chair for more information Date:_____

Space Manager

Assigned Number:_____

☐ Completed request Date:_____

☐ Space changes reported to Facilities Planning Committee Date:_____

☐ Requires Project Manager/Project Number
(forwarded to Project Management) Date:_____