

**Space Allocation REQUEST Form**  
**For all University Buildings**



SR # \_\_\_\_\_

If this request is for research space, please read the Research Space Allocation Policy and Procedures (<https://www2.unbc.ca/policy>) before completing this form.

Please direct any questions about completing this form to the Space Allocation Coordinator - phone ext. 5158, douglas.kean@unbc.ca

Request Date:	Requestor:
Email:	Ext:
Department:	

**Section A: Occupancy Information**

Occupant Names(s) and Title(s): <i>(Include all people using the space on a consistent basis)</i>	
Start Date:	End Date:
Occupant(s) of Space will be: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> TA's <input type="checkbox"/> Sessional	<input type="checkbox"/> Research Chairs <input type="checkbox"/> Research Staff <input type="checkbox"/> Other: _____

**Section B: Description of Space Use**

What is the function of the space?

- Office – complete section B1
- Research – complete section B1 and B2
- Other: \_\_\_\_\_ – describe and complete section B1

**Section B1**

What spaces are currently assigned to the occupant? (include room numbers)	
Could the space be shared with more than one person or group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the activities taking place in the space. Has this need emerged due to a new initiative or funding?	



**Section E: Approvals**

If you do not have space within your current allotment and wish to bring the request to the Space Allocation Committee for review please leave the "Assigned Space" blank and leave a direction to bring this forward to the committee in your additional comments section.

**E1. Office Space (Not including research office spaces) – Dean or Director Approval**

Assigned Space: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Department Head, and Dean or Director Additional Comments:

**Dean or Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Includes the Provost, Faculty Deans, Head Librarian, Administrative and Academic Directors, the Registrar, and Vice Presidents)

**E2. Research Space (Includes wet and dry labs, research offices, and research storage space) – Vice President Research and Innovation Approval**

Assigned Space: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

VPRI Additional Comments:

**VPRI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Forward completed forms to: Attention Douglas Kean – Facilities Department**

**For Space Allocation use only**  
Date Received \_\_\_\_\_  
Date submitted to Research Sub-Committee: \_\_\_\_\_  
Date submitted to Space Allocation Committee: \_\_\_\_\_  
Applicant Notification Date: \_\_\_\_\_  
Assigned Space (if applicable): \_\_\_\_\_  
Space Inventory Code: \_\_\_\_\_ Change? Yes  No