

Space Allocation REQUEST Form
For all University Buildings



Please direct any questions about completing this form to Douglas Kean or phone, extension 5158.

Application Date:

Requestor: Ext:

College or VP Area:

Department/Program:

Section A: Description of Space use

Function of Space (i.e. Office, lab, research, etc.) & Specific Requirements:

Occupant of Space will be:

<input type="checkbox"/> Faculty	<input type="checkbox"/> Research Chairs
<input type="checkbox"/> Staff	<input type="checkbox"/> Research Staff
<input type="checkbox"/> TA's	<input type="checkbox"/> Other please describe
<input type="checkbox"/> Sessional	
<input type="checkbox"/> Consultants	

Section B: Occupancy Information

Required Occupancy Date:

Section C: FF & E Requirements (Furniture, Fixtures & Equipment)

Please list the types and quantity of equipment: (this is for space allocation information only, to acquire this equipment requests must be sent to Purchasing)

Please indicate utilities required:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Electrical – 12V | <input type="checkbox"/> Gas | <input type="checkbox"/> Computer/Data |
| <input type="checkbox"/> Electrical – 220V | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Emergency Power | <input type="checkbox"/> Water | <input type="checkbox"/> Other |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Floor Drain | |

Please check all features required: (required for Laboratory Space)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Fume Hood | <input type="checkbox"/> Vivaria | <input type="checkbox"/> Vibration Free |
| <input type="checkbox"/> Wet Lab | <input type="checkbox"/> Dry Lab | <input type="checkbox"/> Special Lighting |
| <input type="checkbox"/> Sound Attenuation | <input type="checkbox"/> High Bay | <input type="checkbox"/> Humidity |
| <input type="checkbox"/> Special Key(ing) | <input type="checkbox"/> Other | |

Section D: Department Head Approval

Only requests with appropriate approval signatures will be considered for space allocation.

Department Head Signature: _____ **Date:** _____

Dean or Director Signature: _____ **Date:** _____

Comments:

Forward completed forms to: Attention Douglas Kean – Facilities Department

For Space Allocation use only

Space Request # _____

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