

SPACE CHANGE REQUEST		
Instructions: Refer to AP 007, pages 13-15. Use DocuSign to route form and checklist for signatures. Academic Affairs Space Advisory Group (AASAG) reviews and approves all AA space requests first. All requests are reviewed by Facilities Services (FS), Environmental Health and Safety (EHS), and Information Technology Services (ITS), prior to review by the Space Management Subcommittee (SMS). Upon SMS review and vote, recommendations are routed to the president for final approval.		
ORGANIZATION UNIT	EXTENSION	
DEPARTMENT HEAD (Please Print)	SIGNATURE	DATE
SPACE REQUEST:		
RATIONALE FOR REQUEST (Attach additional page(s) as needed):		
HOW IS THIS NEED CURRENTLY BEING MET?		
ITEMIZE BUDGETED POSITIONS Include funding source to be used in proposed space:		
RENOVATION EXPENSE Provide budget amount and funding source. This will be reviewed by FS to confirm within range and revisited with a formal estimate once project is approved.:		

When is this project needed to be complete:		
Approval by Dean or Senior Management	Date	
Approval by Dean or Senior Manager	Date	
Chair, Academic Affairs Space Advisory Group	Date	
<div style="display: flex; justify-content: space-around; width: 100%;"> Approved Not Approved </div>		
Action taken by Space Management Subcommittee:		
Chair, Space Management Subcommittee	Date	

GUIDELINES FOR SPACE MANAGEMENT SUBCOMMITTEE

EVALUATION OF SPACE CHANGE REQUEST

In completing the Space Change Request form, please provide all pertinent information so that committee members can evaluate how this request will:

1. Facilitate instruction at the program level and affect the overall instructional program of the University.
2. Improve instructional support.
3. Improve institutional support.
4. Impact on classroom scheduling.
5. Positively affect student, faculty, and staff morale.
6. Improve the image of the University.
7. Facilitate community service.
8. Improve physical accessibility.

In addition, the Committee will review the request to ensure that it:

1. Includes adequate financial planning for implementation as well as on-going costs.
2. Meets health and safety codes.
3. Is compatible with the Academic Master Plan.
4. Is compatible with the Physical Master Plan.
5. Meets Chancellor's Office guidelines (capacity, utilization, and space use standards).
6. Has endorsement of the Dean or Senior Manager.

Guidelines for Completing the Space Change Request form

1. **Overview**

The Space Change Request process facilitates the approval of the conceptual project, which is the first step to getting a qualifying project on campus started. Project criteria are outlined in AP 007 - page xxx.

A budget and funding source is required to ensure the requestor can fund the project. Once the project goes through the approval process, Facilities Services will provide a formal estimate. This is when the project is added to the project queue. Please note that some projects may take up to a year to get started, depending on the existing project list.

Academic Affairs Space Advisory Group (AASAG) reviews and approves all Academic Affairs space requests prior to review by campus Space Management Subcommittee (SMS). See attached process map (Appendix 8.4A).

2. **Space Request**

Provide a brief description of what the job entails. Keep in mind this form is to request conceptual approval. All projects must be assigned a position in the project list.

3. **Rationale for Request**

Provide an explanation for the basis of the request. For example, indicate whether the project will improve instructional or institutional support. Guidelines to be used by the SMS are attached to the Space Change Request form and may be used as a guide in completing this section.

4. **How Is This Need Currently Being Met**

Indicate the function of space as presently assigned.

5. **Itemized Budgeted Positions**

Indicate all funded positions that will be assigned to the proposed area space. Also include the source of funding for each position (e.g., grant award, general fund).

6. **Renovation Expense**

Indicate budget and chart field for project funding source. Budget will be reviewed by Facilities Services to confirm within range and revisited with formal estimate once project is approved.

7. **Project Completion**

Indicate, if appropriate, whether a specific period of time is a necessity for either beginning renovation or for occupancy. This may be needed for research grant space, and will be used to help in the project planning. As noted above, there is an existing project queue to which all new projects will be integrated.

8. **Approved by Dean or Senior Manager**

All space requests must be signed by the appropriate Dean/Senior Manager and dated.

9. **Action Taken by Space Management Subcommittee**

Do not complete.

Space Change Request Checklist

Directions: Requestor to complete the space change request name, building, floor, and room number(s). The remainder is to be routed to and completed by Facilities Services (FS), Environmental Health and Safety (EHS), and Information Technology Services (ITS) then submitted by the requestor as part of the Space Change Request package to the Space Management Subcommittee.

Space Change Request : _____

Building: _____ Floor: _____ Room(s): _____

1.	Electrical Impact:	YES	NO	
	FS Comments:			EHS Comments:

2.	Plumbing Impact:	YES	NO	
	FS Comments:			EHS Comments:

3.	Refrigeration/ HVAC Impact:	YES	NO	
	FS Comments:			EHS Comments:

4.	Space Utilization Impact:	YES	NO	
	FS Comments:			EHS Comments:

5.	ADA Compliance:	YES	NO	
	FS Comments:			EHS Comments:

Reviewed & Completed by:

Director, FS (or designee)	Date	AVP, ITS (or designee)	Date
		Overall ITS Comments:	

Director, EHS (or designee)	Date
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