

<b>SPACE CHANGE REQUEST</b>		
<p><b>Instructions:</b> Refer to ADM 007, pages 13-15. Use <b>DocuSign</b> to route form and checklist for signatures. Academic Affairs Space Advisory Group (AASAG) reviews and approves all AA space requests. This is then reviewed by Environmental Health and Safety (EHS) and Facilities Services (FS) prior to review by the Space Management Subcommittee (SMS). Upon SMS review and vote, recommendations are routed to the president for final review.</p>		
ORGANIZATION UNIT	EXTENSION	
DEPARTMENT HEAD (Please Print)	SIGNATURE	DATE
SPACE REQUEST:		
RATIONALE FOR REQUEST (Please attach additional pages):		
HOW IS THIS NEED CURRENTLY BEING MET?		
ITEMIZE BUDGETED POSITIONS (Including source of funding) that will use proposed space:		
ITEMIZE RENOVATION EXPENSE (attach cost estimate from Facilities Services if appropriate and indicate funding source):		

Date of Planned Occupancy:	
ITS Approval (as appropriate)	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%;"> <span>Approved</span> <span>Not Approved</span> </div>	
Action taken by Space Management Subcommittee:	
Chair, Space Management Subcommittee	Date

GUIDELINES FOR SPACE MANAGEMENT SUBCOMMITTEE EVALUATION  
OF SPACE CHANGE REPORT

In completing the Space Change Request form on the reverse side, 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. Academic Affairs Space Advisory Group (AASAG) reviews and approves all AA space requests prior to review by campus Space Management Subcommittee (SMS).
2. Space Request: Provide a brief description of what the job entails.
3. Rationale for Request: Provide an explanation for the basis of the request. For example, indicate whether the project will improve instructional support, improve institutional support and so forth. Guidelines to be used by the Subcommittee 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, i.e., grants, general fund, etc.
6. Itemize Renovation Expense: Attach cost estimates from Facilities Services, if appropriate, and indicate account number of funding source for project.
7. Indicate, if appropriate, whether a specific period of time is a necessity for either beginning renovation or for occupancy.
8. Approved by ITS (as appropriate): The appropriate ITS administrator must sign all space requests involving campus telecommunications infrastructure development.
9. Approved by Dean or Senior Manager: All space requests must be signed by the appropriate Dean/Senior Manager and dated.
10. Action Taken by Space Management Subcommittee: Do not complete.

**Facilities Services Space Change Request Checklist**

**Directions:** This form is to be completed by Environmental Health and Safety (EHS) and Facilities Services (FS) and submitted as part of the Space Change Request package submitted to the Space Management Subcommittee.

**Space Change Request Name:** \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room(s): \_\_\_\_\_

1. **Electrical Impact:** YES NO  
Explanation:

2. **Plumbing Impact:** YES NO  
Explanation:

3. **Refrigeration/  
HVAC Impact:** YES NO  
Explanation:

4. **Space Utilization  
Impact:** YES NO  
Explanation:

5. **ADA Compliance:** YES NO  
Explanation:

**RECOMMENDATIONS:**

**Reviewed & Completed by:**

\_\_\_\_\_  
EH&S Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Facilities Services

\_\_\_\_\_  
Date