

SPACE ALLOCATION REQUEST

Instructions: Please complete all requested information below and forward to your Supervisor / Supervising Administrator to start the request process.

All allocation of workspace, office moves, and relocations must be approved prior to any occupation of space. Approval is complete only after completing the application process and the application form is submitted and approved by all necessary parties.

REQUESTOR INFORMATION

- Name
- Title
- Telephone / extension
- Email address
- Department
- Name of supervising administrator

EMPLOYEE INFORMATION

- Information of employees affected, please include number and names

Classified

Management Team members

Full time faculty

Associate faculty

Short term, non continuing (STNC) / Professional Expert

Student

Other

MOVE INFORMATION (Attach additional pages if necessary)

- Approved priority criteria (check all that apply)

Meet the needs of students

Medical or ADA accommodation (as approved by the Vice President, Human Resources)

Safety and health requirements

New hire and/or expansion of program

Operational efficiency as it pertains to the strategic master plan, educational master plan, enrollment management plan and facilities master plan.

Personnel related matters (as approved by the Vice President, Human Resources)

Other

- A complete list of the space(s) being requested with an explanation of intended use for the spaces, including type of space, any special requirements such as location, access, equipment, adjacencies with other programs and any other relevant information.

- Identify spaces to be vacated and the timeline for the release of the space.

- Time frame requested

- Is the request: temporary permanent

- Source of funds for costs

- How often the space will be occupied.

- Anticipated impact and benefits to program, including how the space will serve the programmatic needs to the unit.

- Why the request can't be accommodated within the current space allocation.

- How does the space request support the Mission and Goals of the District and department, including impact on enrollment, productivity, outreach, student support.

- Identify the consequences if the request is denied.
- Identify remodeling needs.
- Identify any operational costs associated with the space request.
- If the requested space is currently occupied by another unit, please identify the unit.
- If the space request includes space for non-district personnel, please identify and provide information and justification.

ADDITIONAL INFORMATION

Telephone extension(s) - Please list existing numbers to be relocated or any extensions that will be replaced with a new one.

Fax number(s) - Please list existing fax numbers to be relocated or any numbers that will be replaced with a new one.

[Request New Keys](#)

[Request Access added to CCURE access card](#)

[Request New Office Signage](#)

List all furniture and equipment to be relocated

Approval:

- Requestor
- Supervisor
- Dean/Director
- Appropriate Vice President
- Vice President, Finance and Administrative Services - after consultation with:

Facilities Operations

Information Technology

Human Resources

Media Services

District Police

Custodial Services

Warehouse

Cabinet Approval Date: