

Space Allocation/Renovation Request Form

Requests tied to the beginning of the fall semester should be submitted by the preceding April 1.

Requests are reviewed by the Space Resource Allocation Committee (SRAC) on a quarterly basis. **All requests should be submitted at least two weeks before the scheduled meeting date. Please provide digital photographs of any spaces impacted by the request.**

Departments that are late in completing their CASIM space inventory survey, CASIM research space survey, or have provided incomplete office occupant details will not have their space requests reviewed by the SRAC until their reporting is completed.

Proposed Date Needed:

College/School/Dept:

Proposed Bldg & Rm#:

Contact Person:

Phone:

E-mail Address:

1. Describe the proposed renovation and/or space allocation (in detail):

1A. Specify the total estimate (\$) of request and the funds available from the program, department, school, or college to support this request.

\$	<input type="text"/>	<- Total Estimate	
\$	<input type="text"/>	<- From Program	Dept Acct # -> <input type="text"/>
\$	<input type="text"/>	<- From School	College Acct # -> <input type="text"/>

1B. How did you arrive at the Total Estimate provided above?

2. What are the benefits (financial, programmatic, etc.) that will occur as a result of having this request approved?

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3. Was this space need identified in your department's operating budget?

Yes (include copy of budget when submitting this request).

No. If no, explain below why this space need was not captured in your operating budget.

4. Describe previous attempts to meet this space need using existing departmental space.

5. Who will occupy this new/modified space? new hire or existing employee

5A. If existing employee, provide: name, current location, and what will happen to space after move.
If new hire, provide: details about this position and its impact on your department.

6. What are the implications to your program/service if this request is not approved?

7. If requesting additional space, what underutilized space can be returned back to the central space reserve in exchange for this new allocation?

Approved: **Department Head**

Signature:

Email:

Date:

Approved: **Dean, Vice President or Vice Provost**

Signature:

Email:

Date:

SUBMIT COMPLETED AND SIGNED FORM TO: SpaceManagement@uta.edu