

REQUEST FOR CHANGE IN SPACE ALLOCATION

Unit requesting change: _____ Date: _____

Contact person: _____ Phone: _____ Fax: _____

To be forwarded by the Dean or Vice President in charge of the area requesting space to: Karen Lockwood, Office of Facilities Management, Maxcy 224, klockwood@newhaven.edu

REQUESTED SPACE:

Please provide the following information and be as specific as possible.

A. What functions or staff is not now accommodated?

B. In what way is the space now assigned (if any) for those functions or staff inadequate?

C. What space requirements are there for the new space (e.g. location, visibility, access, adjacencies)?

D. How will allocating this space impact the University's goals of increasing both enrollment and retention?

E. Must the additional space be on campus?

F. What is the funding source and budget to renovate or restructure the space requested?

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Additional Notes:

PRESENT USE OF SPACE:

Attach a copy of the space drawing (if available), or identify room numbers you presently use for your program for your area.

- A. Highlight the rooms that are being impacted by your request for space.
- B. On a separate sheet, list each impacted room and provide the following information:
 - 1. Room Number
 - 2. Occupant(s) of the room and job category (for space allocation purposes)
 - a. Administrative Head (e.g. director, program coordinator, supervisor)
 - b. Professional Administration (e.g. analyst, counselor, special assistant)
 - c. Administrative support (e.g. administrative specialist)
 - d. Student Assistant
 - e. Other
 - 3. Special equipment or functions other than those implied by the standard space needed by employees listed above (e.g. student work stations, greater-than-normal need for storage space, waiting areas for students, conference rooms)

Signature of Director or Manager:

_____ Date _____

Signature of Dean or Vice President:

_____ Date _____

Rev.: June 1, 2021