

WSU Vancouver Space Allocation: SPACE REQUEST FORM

(When complete, see Step 2 for instructions on how to submit for approval.)

Step 1:

Space Requested (if known)

Occupant Name

Current Space of Occupant

Current Occupant / Use of Room

Date Space Needed

Duration of Need

Requesting Unit

Unit Director's Name

Unit Director's phone / email

Unit Director's Signature

Date

___ Tenure Track Faculty ___ Adjunct - FT/PT (%) ___ Instructor - FT/PT (%)

___ AP / Civil Service - FT/PT (%) ___ Other: _____ FT/PT (%)

Justification for Request (use page 2 if additional space is needed):

Step 2: ADMINISTRATIVE ACKNOWLEDGEMENT

(Signature indicates general support for request but does not mandate among competing needs.)

Academic Units submit Space Requests to the Vice Chancellor for Academic Affairs for review. Upon the VCAA's Endorsement, requests are forwarded to Vice Chancellor for Finance and Operations for review and endorsement. All other units submit Space Requests directly to the Vice Chancellor for Finance and Operations for review and endorsement. Following signature(s), requests will be routed to Capital Planning and Development for evaluation. The Vice Chancellor for Finance and Operations makes final determination to approve space requests.

ACKNOWLEDGED BY:

Vice Chancellor for Academic Affairs

Date

Vice Chancellor for Finance & Operations

Date

COMMENTS:

Step 3: CAPITAL PLANNING AND DEVELOPMENT: EVALUATION

Capital Planning and Development will evaluate Requests based on space availability, proximity, overall suitability for intended use, and campus priorities. In circumstances involving complex requests and those that may impact another unit, the Space Advisory Committee may be convened to provide guidance in evaluation and identifying alternatives.

FOR CPD USE :

Contact(s): _____

Date: _____

Recommendation: _____

Signed: _____

Date: _____

Step 4: FINAL DETERMINATION

Approved: _____ Other: _____

Signed: _____

Date: _____

Justification for Request continued (From Step 1):

Additional Justification for Space Requested _____ Requesting Unit

_____ (Submit with request or complete during CPD evaluation)

Description of use (Room size and use, number of occupants, special features):

Alternatives considered (Including reallocation of existing spaces):

Outcomes if request is not implemented:

Changes to space required for occupancy (Remodeling, new furniture, etc.):

Financial resources for changes needed for implementation (How will changes be paid for):

Completed by: _____ (Unit Representative)

Date: _____

_____ (CPD staff)