University of Lethbridge

SPACE REQUEST FORM

FOR THE REQUEST OF NEW SPACE OR THE REQUEST FOR CHANGE IN USE OF EXISTING SPACE

CAMPUS DEVELOPMENT FACILITIES

4401 University Drive West   Lethbridge, Alberta Canada   T1K3M4   T +1 **403 329-2604** F +1 403 329 2621

For Internal Use Only

Request No.: _____   Received DATE: _____

PROJECT NUMBER (if applicable): _____

University of Lethbridge space must be utilised as effectively as possible based on measurable metrics to support and facilitate a long-term vision for the campus. Any additional space requirements must be assessed within a departments existing allocation, then within the parent division. This form documents the need for space that cannot be met within current allocations within a department or division by rationalization of existing space to support the request. *(Space Management and Allocation Policy, March 2013)*

Instructions:

1. Complete all fields where possibly by supporting text if required. Responses may require additional space. Needs may vary and one request to another and one form cannot work perfectly in all situations. Not every question will apply, and some will have longer responses. Each requestor will understand their needs best and must make every effort to efficiently record the need.

2. This request will be evaluated under the guidelines outlined in the Space Management and Allocation Policy and the Council of Ontario Universities (COU) space standards.

3. **Signatures of the approving authority indicate that the space request reflects department or unit priorities and that funding for any potential renovations associated with an approved change of use are available to commit to any alterations required.**

4. Return this <u>completed</u> form to the office of Campus Development electronically or via campus mail at ***planning@uleth.ca***.

5. For further information contact: Campus Development at ***planning@uleth.ca***

   NOTE: Space requests are evaluated based on priority and available resources, please submit requests asap to allow for planning.

   If the Space Request involves <u>Classroom</u> space, this form will be forwarded to the Classroom Advisory Committee (CAC) for review and recommendation and following the decision of the Vice President of Finance & Administration, the office of Campus Development will communicate the decision to the CAC for information and action.

PART I: REQUESTOR INFORMATION

Name: _____ **Date:** _____

Occupant Intended: _____**Department of Occupant**: _____

Phone: _____-_____-_____**Email:** _____

PART II: DESIRED SPACE

1. **Request is for (check all that apply)**

   Office   **Lab/Research**   **Instructional**   **Service**

   Other: **Room Number** *(if known)*

PART III: PURPOSE OF REQUEST

1. **Please check all categories that prompt this request:**

   New Staff   **Research**   **Lecture: CRN:** _____ **Course Name:** _____

   New Course   **Security**   **Occupational Health & Safety Hazard**

   Improved Function   **Service**   Other:

2. **Who is this request for?** (select one):

NEW occupant   **EXISTING member/dept. on campus**   **Lecture Space**
(provide details below)

CRN: _____ Course Name: _____ Current Room using: _____

3. **Briefly explain the benefits (program, financial, etc.) that will occur upon approval of request.**

_____

_____

_____

4. **Briefly explain the negative impact if this request is not approved.**

_____

_____

_____

PART IV: EXISTING SPACE

1. **Identify all spaces that are currently used for your functions (research, office, storage, graduate, classroom).** *If needed, attach a detailed spreadsheet with room numbers and function*

Room number	Function/Name	Room number	Function/Name

2. **Provide names of all occupants with their titles that will occupy this space, including all Graduate Students and if required, their supervisors name.**

Employee Name	Job Title	Supervisor	Dept. (if different)

3. **If this space request is approved, will any of your existing space be vacated (circle)?**

Yes   **No**. *If yes, include room number(s) of vacated space below:*

_____

_____

PART V: SPACE REQUIREMENTS_____

1.   Identify the effective date and length of time space is needed.

_____

2.   How will the unit pay for the moving and/or renovation costs? *If using grant/award money,*
confirm approved use of funds and maximum amount available.

_____
_____

a.   If funding is from grant or award-funded program, please specify *otherwise continue to #3:*

Grant Name OR Award Agency:	
Type of Grant:	
Name/Dept of PI (s):	
Grant Facilitator Name:	
Duration:	
Status:	

3.   Is there equipment intended to be placed in this room ?   Yes   No

a.   Are there infrastructure requirements needed (mechanical, electrical, plumbing, data, etc.)
for this equipment ?   Yes   No   N/A *if yes, please provide details below*

Electrical:_____

Data:_____

Ventilation:_____

If needed, attach equipment list with specification sheets to the end of this request.

Equipment Name (autoclave, fumehood)	Brand	Model Number	*Specification sheet included	Is this equipment currently in use on UL Campus, OR yet to be installed. Choose > **CURRENT** or **FUTURE**

*Note: If renovations are required, a project initiation process will follow any approval of space use. The first step in the process is the preparation of a **Project Statement** by Campus Development to assess preliminary scope requirements at designated location, project constraints, feasible schedule, and probable costs of the project. All projects require confirmation and approval of sufficient funds to begin. The next step is to forward the Project Statement to the Project Management Office queue and await assignment to a Project Manager.*

PART VI: SUPPORTING DOCUMENTATION

I have attached floor plans, a functional spreadsheet pertaining to existing rooms, equipment requirements and any other necessary documentation to support this request:

Yes (*please list):* _____

No

PART VII: APPROVALS

DEPARTMENT/FACULTY APPROVING AUTHORITY

NAME (PRINTED): _____   Date: _____

SIGNATURE: _____   Approved: ☐   Not Approved: ☐

ADMINISTRATION APPROVALS

> **FOR CLASSROOM SPACE USE ONLY**
>
> _____   _____
> Registrar's Office   Classroom Advisory Committee
> Registrar   Chair

Reviewed by:

_____   Approved: ☐   Not Approved: ☐
Gene Lublinkhof
Director, Campus Development

Final Review:

_____   Approved: ☐   Not Approved: ☐
Nancy Walker
Vice-President (Finance & Administration)

Campus Development			
Action	**Date Completed**	**Reference #**	**Initials**
Onsite review with Stakeholder and Facilities prior to occupancy			
Review with Utilities			
Update Facilities TMA			
Update Key System			
Project Statement to PMO			
Notes:			