



# OPDCA SPACE MANAGEMENT FORM

Date \_\_\_\_\_

## Requestor Information

Name \_\_\_\_\_ College or Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Work Request # \_\_\_\_\_ Funding Source \_\_\_\_\_

Org # \_\_\_\_\_

## Description of Space Request

Space will be used for:    Instruction    Research    Administration    Storage    Support    Other

Space will be used by:    Faculty    Staff    RA/TA    Student    Other

Have you identified a suitable location for this new space that may be available?    Yes    No

If YES, please describe, using building/floor/room #s or attached drawings/floor plans/diagrams:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be vacating your current space?    Yes    No

Vacating Building, Floor, Room #:

\_\_\_\_\_

Will there need to be any remodeling or enhancements to accommodate your proposed use?    Yes    No

Will you need additional/new furnishings?    Yes    No

If YES, please briefly describe these changes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe how the space will be used as well as why new/additional space is needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe any special requirements for this space including the need for proximity to other facilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Needed \_\_\_\_\_ Length of Time Needed \_\_\_\_\_

# Approvals

## Department Head/ Unit Head

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## Dean or VP

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## Provost

Approval To Investigate

Approval To Relocate

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_