

CSUSB SPACE ALLOCATION/CHANGE REQUEST FORM

Requestor Name: _____ **Title** _____

Department: _____ **College or Division:** _____

Date of Request: _____ **Campus Ext:** _____

SPACE NEEDS AND TIME REQUIREMENTS

- Where possible, Non-state functions/departments should be kept in Nonstate facilities. If a Nonstate entity is to be located in a State facility, then the space must be clearly delineated to enable the establishment of compensations for services being provided.

Please identify the space function: _____ State _____ Non-State

- If the program currently exists, list where the office/program is currently located and list the staff, faculty, student assistants, etc. that currently occupy the space (indicate all building and room numbers – list each room separately).

- **CURRENT** location (list each room separately).
- **ROOM NUMBER** (see floor plans)
- **ASF** (see floor plans)
- Describe the **TYPE OF SPACE** (office, cubicle, storage, etc.)
- **NAME** of person, center, dept, group, etc. for EACH room number;
- **JOB TITLE/CLASSIFICATION** (of each person)
- **STATUS** (F/T, P/T, temp)
- Number of **STATIONS** (or seats).

Current Bldg & Room Number	ASF (see floor plans)	Type of Space	Name	Classification	Status	# of Stations
<i>Ex:</i> FM-105	110	Office	Tom Jones	ASC II	T	1

3. CURRENT OFFICE SPACE: Will your current office space(s) be vacated upon receiving new or the additional space? ___ Yes ___ No

If your response is NO please provide an explanation:

4. DESCRIPTION OF REQUESTED LOCATION: If the program currently exists and additional/new space is needed due to program growth, additional staff, program consolidation, etc. please indicate the new program or space needs.

- **TYPE OF SPACE** (office, cubicle, storage, etc.)
- **NUMBER OF SPACES** needed for each type of space
- **NAME** of person, center, dept, group, etc. for EACH space
- **JOB TITLE/CLASSIFICATION** (if a person)
- **STATUS** (F/T, P/T, temp)
- **Number of STATIONS** (or seats)
- **ADJACENCIES** (any function or group adjacencies that are needed to ensure that operational efficiency is maintained; occupants may require specific relationships be created or maintained for proper or effective operations).

Type of Space	Number of Spaces	Name	Job Title/Classification	Status	# of Stations	Adjacencies
Ex: Storage	2	Storage	n/a	n/a	n/a	See below

(Attach additional sheet if necessary)

Indicate any adjacencies requirements if applicable:

5. How long will this space be required?

- CY (College Year) -- The request is needed for 1 CY (summer, fall, winter, spring terms)
- FY (Fiscal Year) -- The request is needed for 1 FY (July 1 to June 30)
- >1 FY -- The request is needed for less than 1 fiscal year
- Permanent -- The request is needed permanently

6. Related to Question 4, what is the Start Date (the first day the space is needed for occupancy)

Start Date: _____

7. Related to Question 4, what is the End Date: (If the duration is not permanent, the last day the space is needed; if the Duration is permanent, use N/A).

End Date: _____

8. REASON FOR REQUEST - A brief statement describing why the request is being made. If appropriate, explain why existing location is not adequate. If a new function/position/center, etc., explain how it relates to the campus/division/department mission.

9. **COMMENTS** -- Include any comments the requestor wants CPDC/SPAC Committee to understand in order to provide the most appropriate space for the user(s). Describe in detail special features or requirements, such as the number of data ports, phone jacks, etc.

APPROVAL SIGNATURES:

Department Chair

Date

Dean

Date

Vice President or Provost

Date