

# 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:

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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:

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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.

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