

SPACE REQUEST FORM

All Fields Required

General Information:

Requesting Group: _____

Phone: _____

Requestor Contact: _____

Email: _____

Request Date: _____

Date Space Needed: _____

Requested Duration: If this space request is temporary, please include the dates of the duration of this space request. If this space request is permanent, please include the date needed.

1-3 years

3-5 years

From: _____ To: _____

Space Request Information:

1. What steps have been taken to solve the space requirement by the reassignment of existing space within the Department or College? For example: has the department/college considered reclaiming under-utilized space to solve this need? Has the department/college re-evaluated the space assigned to lower priority initiatives?

2. Please provide the name of the person(s) or program that will be occupying the newly requested space, the reason why the space is being requested and the proposed functional use of the space.

3. If this request is based on the award of a research grant that has been funded, please provide the date of the award, term and project number.

4. If this request is based on the award of research grant that has **NOT** been funded, please indicate anticipated date for receipt of funding, proposal number, and the anticipated term of the funding.

5. Please list the FTE and headcount for faculty, staff and/or graduate students who will be using the requested space, and describe the nature of their position, e.g., program director, principal investigator, technical, administrative assistant, clerical, etc. If any of the requested space is for offices, indicate how many FTE are already assigned office space.

Please provide information on how your unit uses remote work options. Please use the chart below.

	# UNM Worksite (On-Campus)	# of Hybrid Remote	# of days/ hours Hybrid Remote and at UNM Worksite staff
Staff			
Faculty			

6. How would your unit be affected if the requested space is not assigned?
- 7.Does the requesting unit have operational and facilities funding in place to accommodate a move or renovation?
8. Will existing space be vacated if this request is approved? Yes No
- If “**yes**”, please attach a specific list of the building, floor and room(s) to be vacated.
- If “**no**”, please state what your existing space will be used for in the future.
9. Please list any adjacency or proximity considerations.
10. Have space changes or re-use within the department/college’s existing allocation been reviewed and exhausted? Please explain why this request cannot be accommodated within the existing allocation.
11. Please provide any additional information that will support or better define this space request.

The signatures below indicate agreement that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space. **All signatures are required.**

Feasibility Study Banner Index required _____

Chair / Director / Manager

Signature _____ Date: _____

Dean / Assistant Dean

Signature _____ Date: _____

(Academic Affairs Units Only)

Assistant Vice President

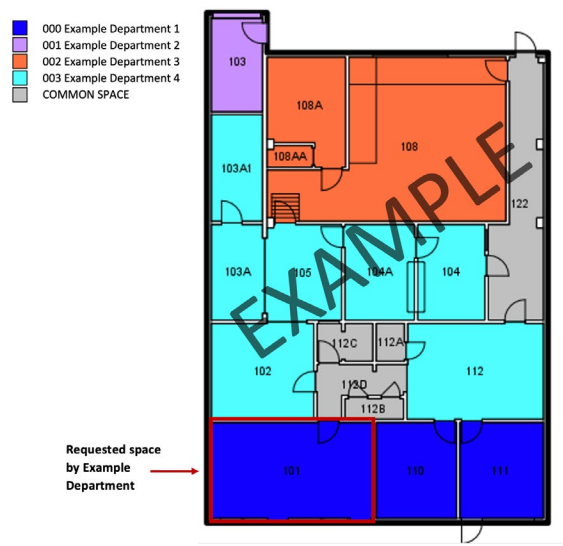
Signature _____ Date: _____

General Information:

Building Request Space Allocation: _____

Room(s) Requesting: _____

Insert a **Floor Plan image** from FAMIS Cloud Visual map, showing allocated groups: (identify space being requested below)



Add Image Below