



WAKE FOREST UNIVERSITY

University Space Allocation Committee Request Form

Please note that the allocation of space has budgetary impact. When this request results in a department or school increasing its overall square footage, the division will be charged for the increased space allocation. This form requires you to provide your department's budget code and to obtain the approval of the department head and/or dean. Therefore, you should review this information with your departmental business manager prior to submission.

The University Space Allocation Committee (USAC) reviews all requests for reallocation of physical space that is located outside a division's current footprint in all University facilities on the Reynolda Campus, University Corporate Center, and all WFU property except the School of Medicine and Health Sciences. This includes reassignment of space from one unit to another. In addition, the USAC will review major changes in use of space (for example, changing a meeting space or classroom to offices). The committee will not review requests for routine re-allocations of existing space, such as reassignment of offices within the same department/center, assignment of space for special events, or dividing of offices for increased usage that does not involve major changes in the use of space.

Department Requesting Space _____ Date _____

Individual Name _____ Phone _____ Email _____

Description of the space needed

A. Space will be used for: Instruction Research Administration

Storage Support Other

B. Space will be used by Faculty Staff Researcher

Grad Student Undergraduate Student Other

C. Please describe how the space will be used including the days and hours of use, as well as, why new/additional space is needed. What are the implications if the request is not approved?

D. Please describe any special requirements (such as HVAC, Safety, Structural, other) for the space including the need for proximity to other facilities.

E. Will the space requested:

- | | | |
|---|-----|----|
| • Involve contractual relationships with any third party? | Yes | No |
| • Be used by third parties? | Yes | No |

If you answered YES to any of the above, please describe:

Assessment of Current Space Available

F. Have you discussed with your department head/Dean the need for this space and searched for suitable space within your department/school's current space allocation?
Yes No

G. Has currently under-utilized space been assessed? Yes No
If "yes," evidence of this review may be required.

H. Have shared space possibilities been considered? Yes No

I. Will any space within your department/school's current space allocation be vacated as the result of this request? Yes No

If yes, please indicate the building name and room number.

Potential New Space

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

K. If yes, please describe using building name and room number.

L. If yes, have you contacted the occupant of the space? Yes No

M. Does the current occupant support this reallocation? Yes No

Renovation

N. Will there need to be any remodeling or renovation of the space to accommodate the proposed use? Yes No

O. If yes, please describe the changes and provide a written estimate from Facilities.

P. Will any remodeling or renovation directly or indirectly affect the access, use, size, or configuration of a current meeting space or classroom? Please describe.

Date the space is needed _____ Length of time needed _____

Budget Code for increased square footage charges _____

Space Request Authorization Signatures

Department Head _____ Date _____

Comments

Dean/Director/VP _____ Date _____

My signature above indicates that I support the need for additional space to be allocated to my department/school in order to meet this need and I understand that all renovation and remodeling costs will be paid from my departmental/school funds and that additional space allocation costs will be incurred to my department/school's budget if this request is approved.

Comments