WSU Vancouver Space Allocation
SPACE REQUEST FORM (When complete, forward to Finance & Operations or marisa_smith@wsu.edu)

STEP 1:

Space Requested (if known)  Requesting Unit  Unit Director’s Signature / Date
Printed Name:___________________________
Phone:___________________________
Occupant Name  Current Space  Email:___________________________

Date Space Needed  Duration of Need

____ Tenure Track Faculty  ____ Adjunct – FT/PT (%)  ____ Instructor – FT/PT (%)  ____
____ AP / Civil Service – FT/PT (%)  ____ Other___________________________FT/PT (%)

JUSTIFICATION FOR REQUEST:

STEP 2:

ADMINISTRATIVE ACKNOWLEDGEMENT (Signature indicates general support for request but does not mandate among competing needs.)

Academic Units forward Space Requests to the Vice Chancellor for Academic Affairs for review and endorsement.
Administrative Units forward Requests to the Vice Chancellor for Finance and Operations for review and endorsement.
Following signatures, Requests will be routed to Capital Planning and Development for evaluation.

ACKNOWLEDGED BY:

___________________________  Date
Vice Chancellor for Academic Affairs

___________________________  Date
Vice Chancellor for Finance and Operations

COMMENTS:

STEP 3:

CAPITAL PLANNING AND DEVELOPMENT: EVALUATION

Capital Planning and Development will evaluate Requests based on space availability, proximity, overall suitability for intended use, and campus priorities. In circumstances involving complex requests and those that may impact another unit, the Space Advisory Committee may be convened to provide guidance in evaluation and identification of alternatives.

FOR CPD USE

Contact(s):___________________________  Date:___________________________

Recommendation:

Signed:___________________________  Date:___________________________
Additional Justification for Space Requested ____________ Requesting Unit ____________
(Submit with request or complete during CPD evaluation)

DESCRIPTION OF USE (ROOM SIZE AND USE, NUMBER OF OCCUPANTS, SPECIAL FEATURES):

ALTERNATIVES CONSIDERED (INCLUDING REALLOCATION OF EXISTING SPACES):

OUTCOMES IF REQUEST IS NOT IMPLEMENTED:

CHANGES TO SPACE REQUIRED FOR OCCUPANCY (Remodeling, new furniture, etc.):

FINANCIAL RESOURCES FOR CHANGES NEEDED FOR IMPLEMENTATION (How will changes be paid for):

Completed by: ___________________________ (Unit Representative)  Date: _________________
______________________________ (CPD staff)

5/2/17 JD