

Request for Space

Office of Facilities Management

Policy: All requests for new space or a change in how space is allocated between colleges or departments must be forwarded to the Office of Facilities Management for analysis and the approval process.

CONTACT INFORMATION:		
Requesting Department:		Date:
Name:	Phone:	Email:
DESCRIPTION OF SPACE NEED: If you need assistance completing this form or floor plans, please do not hesitate to call the Facilities Management office at 674-8038, or e-mail us at facilities@fit.edu .		
A. Space will be used for: Instruction <input type="checkbox"/> Research <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> Other <input type="checkbox"/>		
B. Space will be used by: Faculty <input type="checkbox"/> Staff <input type="checkbox"/> RA/TA <input type="checkbox"/> Students <input type="checkbox"/> Other <input type="checkbox"/>		
C. Have you identified a suitable location for this new space that may be available? Yes <input type="checkbox"/> No <input type="checkbox"/>		
D. If Yes, please describe, using building/room #s or attach drawing/floor plans/diagrams: (If No, please proceed to line "H".)		
E. If so, have you contacted current holder of the space provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Do they support the concept? Yes <input type="checkbox"/> No <input type="checkbox"/>		
F. Will there need to be any remodeling or enhancements to accommodate your proposed use? Yes <input type="checkbox"/> No <input type="checkbox"/>		
G. If yes, please describe these changes. Upon approval, you must file a <i>Work Order</i> if more than \$50 of work is needed. (If more space is needed you may attach additional pages):		
H. Please briefly describe how the space will be used as well as why new/additional space is needed (You may attach drawings/floor plans/diagrams):		
I. Please briefly describe any special requirements for this space including the need for proximity to other facilities (If more space is needed you may attach additional pages):		
J. Date Needed:	Length of time needed:	
K. Do you have funding available to commit to relocation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
REQUEST AUTHORIZATION SIGNATURES:		
Department Head:		Date:
Dean/Director/VP:		Date: