

Campus Facilities Use Committee Long Term Space Request Form

Date:

1. Requestor:

Name : _____
Department: _____
Division: _____
Phone: _____

2. Duration of need:

Long term (2 years or more)
Short term (1-2 years)
Interim (1- 11 months)

Date space will be needed:

3. Type of Space Needed (check all that apply):

Private office space. How many?
Other - please describe:

Open office suite How many people?
Open workstations How many?

4. Who will use this space: (check all that apply)

Faculty Staff Students Administrators Public Others

Primary purpose for this space (check all that apply):

Instruction Administration/support Research Storage Other

Describe any special accommodations or equipment needed:

5. Do you have a preferred location for this request?

Building: _____ Room # (s): _____
Current assigned occupant/department:

Will you be vacating a space if this request is approved? If so, what space?

5. Budget:

Will this request involve expense generation such as painting, construction, rewiring, or addition/reconfiguration of existing furniture? If so, please describe here:

If yes, who will be financially responsible for those costs?:

4. Justification for proposed action:

Please note why this request is necessary: include number of users this request will affect, impact to other programs, other factors that make this necessary (i.e. compliance with Chancellor’s Office mandates; change in basic campus function), what will the outcomes be if the request is denied.

5. Signatures:

Dean/Director Name:

Dean/Director Signature:

Date:

Divisional Space Allocation Specialist:

Divisional Allocation Specialist
Signature:

Date:

President/Vice President :

President/Vice President
Signature :

Date:

Attach completed form via email to the Chair of the Campus Facilities Use committee at cfu@csuchico.edu.