**REQUEST FOR ALLOCATION OR RENOVATION OF SPACE**

Date:

 Additional Space Change in Usage or Assignment New Space Construction Existing Space Modification

Time frame for request:   Imminent Immediate 6- 12 months Intermediate 1-3 yrs Projected: 4 – 6+ yrs

**REQUESTOR INFORMATION**

Division: **ACADEMIC AFFAIRS**

Department:

Submitter’s Name: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_ RIT Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If different from submitter*

Contact Person: \_\_ Title: \_\_\_\_\_\_

Email: Phone: Address: \_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the function of your department:

Current total assignable square footage of your department: \_\_\_\_\_\_\_\_\_\_ sq ft.

Number of faculty: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Adjunct \_\_\_\_\_

Number of staff: exempt\_\_\_\_\_ non exempt \_\_\_\_\_\_

Number of student workers: Graduate\_\_\_\_\_ Post-Doc\_\_\_\_\_ Co-op\_\_\_\_\_

Will the # of people in this department increase or decrease w/in the next 2 years? Yes \_\_\_\_ No \_\_\_\_

If there will be an increase, indicate amount and source of anticipated growth.

If there will be a decrease, identify the number and types of positions.

**Please address the urgency and rationale for this allocation. Include benefits if approved and consequences if not approved**.

**SPACE REQUEST**

Sq. ft.: \_\_\_\_\_ # of rooms \_\_\_\_\_ Number of occupants per room: \_\_\_\_\_

Hours in use/week: \_\_\_\_\_\_\_ How long is space needed? \_\_\_\_\_

Space will be used for:

Classroom \_\_\_\_\_ Administration \_\_\_\_\_ Storage \_\_\_\_\_ Support Space \_\_\_\_ Conference Room \_\_\_\_\_

Studio (specify type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rehearsal Space \_\_\_\_\_ Performance Space \_\_\_\_\_

Laboratory

Instructional lab: Wet \_\_\_\_ Dry \_\_\_\_\_ Computer Lab \_\_\_\_\_

Research lab Wet \_\_\_\_ Dry \_\_\_\_\_ Computer Lab \_\_\_\_\_

Other (specify)

 Grant funded: Yes \_\_\_\_\_ No \_\_\_\_\_

 If yes, has grant been funded? Yes \_\_\_\_\_ No \_\_\_\_\_

 If yes, start and end dates of the grant?

 If no, when do you anticipate funding?

Is the space requested part of a new faculty start-up package? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is the faculty member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offices:

Faculty Office: Full-time \_\_\_\_\_ Lecturer \_\_\_\_\_ Part-time \_\_\_\_\_ Adjunct \_\_\_\_\_ Research \_\_\_\_\_

Staff Office (circle one): Exempt Non Exempt \_\_\_\_\_ Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

Explain work to be performed in this space:

Student Office: Grad Student \_\_\_\_\_ Post Doc Student \_\_\_\_\_ Co-op Student \_\_\_\_\_

Other (please specify):

Could new space be shared or serve dual purpose? Yes \_\_\_\_ No \_\_\_\_

(if yes, please give an example of shared/dual usage; if no, give reason)

Is an off-campus location to fill this request possible? Yes \_\_\_\_ No \_\_\_\_\_

(if no, give reason)

Special Requirements for Requested Space: (e.g. HVAC needs. Be specific)

**FOR CHANGE IN USAGE OR ASSIGNMENT (with no modifications of space)**

Previous assignee:

Plans for accommodating previous assignee/use (if applicable):

Previous use:

Classroom \_\_\_\_\_ Faculty office \_\_\_\_\_ Administration \_\_\_\_\_ Support Space \_\_\_\_\_

Exempt Staff office\_\_\_\_\_ Non Exempt Staff Office\_\_\_\_\_ Grad Student \_\_\_\_\_ Co-op Student \_\_\_\_\_

Conference Room \_\_\_\_\_ Storage \_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructional lab \_\_\_\_\_ Research lab \_\_\_\_\_ Wet \_\_\_\_ Dry \_\_\_\_\_

Proposed new assignee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When is the space needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR NEW CONSTRUCTION OR EXISTING SPACE MODIFICATION**

Briefly describe why this new construction or modified is needed.

Will any existing space be vacated if this request is approved? Yes \_\_\_\_ No \_\_\_\_
 If yes, please list rooms that will be vacated:

 Do you have funding for space construction/modification? Yes \_\_\_\_ No \_\_\_\_

 If yes, what is funding source?

Have you consulted with Campus Planning and Design & Construction Services? Yes \_\_\_\_\_ No \_\_\_\_\_\_

 If no, provide reason.

Have you consulted with Educational Technology Services (if necessary, e.g. classroom, conference room? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Do you have a funding source(s) for the construction or modification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the funding source(s), the amount of funding, and the time-line for receiving/expending funds.

Have funds been requested through the university budget hearing process for the renovations? Yes \_\_\_\_\_ No \_\_\_\_\_\_

 If yes, which fiscal year and what is the status of the request? \_\_\_\_\_\_\_\_\_\_\_\_

 Will there be incremental costs associated with the new space? (e.g. power, maintenance, security, support staff not noted above). Yes \_\_\_\_\_ No \_\_\_\_\_

*Please attach all concept work produced for this project by Campus Planning & Design or designated outside organization.*

 *Please attach written cost estimate for your project plus any other supporting documentation, including documentation from The Wallace Center Support Services for rooms requiring audiovisual support*

**REVIEW AND APPROVAL SIGNATURES**

*When a request crosses departments, colleges or academic affairs support units, signatures from all affected areas must be secured.*

1. Department Chair/Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

2. College Dean or as appropriate Associate Provost / Assistant Provost

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

**Note to College Deans/Associate Provost/Assistant Provost:**

List and prioritize this request with any other space request from your area currently pending with the Academic Affairs Space Committee or University Space Committee:
***return this completed form with signatures 1 & 2 to: Sue Provenzano, Eastman 2109***

3. Academic Affairs Space Committee Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

4. Provost and Senior Vice President for Academic Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

5. University Space Committee Chair (if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

6. President (if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Rev. 1/10/2011