



For all requests, complete a **FACILITIES MANAGEMENT WORK REQUEST; ITEMS 1-11** (below); and a **ROOMS FINISHES WORKSHEET** (page 2 of this form) for each room affected by this request. Submit the completed forms to the Department of Scheduling and Space Management **located in room 307 of the 1938 Liacouras Walk Building.**

1. Facilities Management Work Request No.: \_\_\_\_\_ 2. Date submitted: \_\_\_\_\_

3. Submitted by: \_\_\_\_\_ 4. Department: \_\_\_\_\_

5. Telephone No.: \_\_\_\_\_ 6. E-mail address: \_\_\_\_\_

7. Type of work unit performs: \_\_\_\_\_

8. Purpose of request:

- Relocation of existing space
- Changes in function of existing space
- Alterations of existing space (other than cosmetic)
- Additional space for existing centers / functions
- Additional space for functions new to this unit
- Other

9. Description and Justification: Please provide a description of the request and a detailed justification, including a description of the condition of the existing space and of the additional space if applicable. Attach additional pages if necessary.

[Empty box for description and justification]

10. PROPOSED FUNDING SOURCE: Identify the funding source(s) and cost center number(s) for the capital improvements associated with this request. Verify funds are available within the approved University Budget to cover any increase in employee headcount.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. RECOMMENDATION FOR APPROVAL: Requests regarding academic functions should include the signature of the Dean and the Provost. Requests for administrative functions should include the signature of the unit head and appropriate University Officer.

PROVOST OR OFFICER \_\_\_\_\_ Date \_\_\_\_\_ DEAN OR UNIT HEAD \_\_\_\_\_ Date \_\_\_\_\_

12. This section is for the Department of Scheduling and Space Management use only.

- Request approved to proceed with a preliminary Order of Magnitude Cost Estimate by the Office of Facilities Management.
- Request denied \_\_\_\_\_

DIRECTOR OF SPACE MANAGEMENT \_\_\_\_\_ Date \_\_\_\_\_



In order that Facilities Management may generate a cost estimate, please complete items 1-18 in the worksheet below. Please indicate any specific finishes or attributes required in the new or altered space. Attach additional worksheets for each room affected by the request.

1. Work Request No.: \_\_\_\_\_ 2. Building Name: \_\_\_\_\_

3. Room Number: \_\_\_\_\_ 4. No. of occupants: present: \_\_\_\_\_ proposed: \_\_\_\_\_

5. Present Occupant Name(s) / Title(s): \_\_\_\_\_

6. Proposed Occupant Name(s) / Title(s): \_\_\_\_\_

7. Present Department / Office: \_\_\_\_\_ 8. Present Department No.: \_\_\_\_\_

9. Proposed Department / Office: \_\_\_\_\_ 10. Proposed Department No.: \_\_\_\_\_

11. Present Condition: \_\_\_\_\_

12. Present Use: \_\_\_\_\_

13. Proposed Use: \_\_\_\_\_

14. Proposed finishes:

Floor  Tile  Carpet  Other: \_\_\_\_\_

Walls  Paint  Wall Covering  Other: \_\_\_\_\_

Ceiling  Tile  Paint  Other: \_\_\_\_\_

Lighting  Fluorescent  Incandescent  Other: \_\_\_\_\_

15. Furniture: Please note the quantity and type of new moveable furniture, and / or systems furniture (cubicles, systems work stations, etc.), if any.

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

16. Technology: Please specify requirements for "Smart" Classroom Technology; or other technology equipment / installation.

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

17. Telephone equipment: Please indicate the proposed number of new telephones, data drops, etc.

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

18. Special Conditions: Please note all special conditions, equipment, or other special requirements.

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