

## SPACE UTILIZATION REQUEST FORM

Requester Name:

Email Address:

Requester Title:

Department:

Phone Number:

What campus is space being requested at:      California      Clarion      Edinboro      Venango

What is this request for:      New Space Allocation      Relocation      Other (specify):

Reason for Request: Include rationale/explanation of need. Be as specific as possible.

Outline any work that needs to be completed - room repairs, furniture needs, computer/phone requirements, etc.

Will this request impact any other office/area of the University?

What will the impact be if this request is denied?

Additional Comments:

Request must be submitted no less than **3 months** before space is to be occupied.

What is the deadline or time frame for implementation of this request?

### **Approvals** **All Signatures Are Required**

Requester is **NOT** permitted to occupy the requested space until approval from the Facilities Office is received.

Requester Signature:

Date:

Supervisor / Chair Signature:

Date:

Dean / Director Signature:

Date:

Provost / Area VP Signature:

Date:

Submit all requests to the Director of Facilities for the campus at which space is being requested.

### **Facilities Use Only**

Date Request Received:

Facilities Log #

Request Status:

Approved

Denied

Comments:

Campus Director of Facilities Signature:

Date: