

Title:		Space Request #:	
<p>Completion of this Space Request Form is required to start the Space Request Process. The Space Request Procedures on the Facilities website. The Space Request Policy is on Creighton's main website, under Policies.</p> <p>Electronically fill out, sign and E-Mail the completed form to: PHXFACMAN@creighton.edu</p> <p>For Items 3-6, if you need to provide more information than will fit in the box, please include a separate document and attach it, along with any other relevant information, to your email submission.</p>			

Requestor Information (Contact Information)

Name:		Date:	
Title:		Phone:	
Department:		E-Mail:	

Location Information for Space Request:

Campus:		Floor:	
		Room(s):	

1. **Space being Vacated***: If you are reporting Vacant Space, check the box. The remainder of this form does not need to be completed if no work is being requested. If space is to be held 90-days for back-filling of same position, check here (you may submit for an additional 90-days if position is not filled within that time):

Space Request Information

2. This is a request for: (Select all that apply)

- Space Reassignment** (e.g. Intradepartmental reassignment - relocating someone into a previously assigned, now vacant space or a space already occupied (cohabitating). Interdepartmental reassignment - Assigned space vacated by one department, not intended for back-fill, is requested by another. Either example may or may not require furniture and/or space reconfigurations.)
- Departmental move involving more than one department** (e.g. renovating/reconfiguring space assigned to one department to make room for another department to cohabitate).
- Change of Space Function** (e.g. change a storage room to an office)
- Request for additional space**
- Space required for funded research** (e.g. lab, specialized space)
- Renovations/upgrades** required to existing space not related to maintenance (e.g. relocating walls, doors, new utility connections, HVAC modifications, changes to lighting, changes to floor or ceiling systems, etc.)
- Renewal of space required** (e.g. new carpet, paint, window treatments, etc.)
- Purchase of new furniture/equipment** or reconfiguration of existing furniture/equipment requested.

3. Desired date which request is needed? Please note, while every effort will be made to accommodate date request, if approved, we cannot guarantee the date will be met.

4. Describe programmatic needs (i.e. why additional space or changes to existing space is necessary):

5. Describe any anticipated space renovations in the targeted space. Attachments may be added to provide further explanation.

6. What funds are being used to accomplish this request? Include Fund and Organization (if applicable).

Fund:	Organization Number:

7. Space Needs: This section is to establish what needs the requestor may have in the space. New equipment and furniture needs should be noted here, whether being purchased through Facilities or Purchasing. Note existing equipment ONLY if moving to a different location and equipment requiring specialized utilities will be moving with you (mark "E" after these items). Existing furniture/equipment not falling in this category will be evaluated and if deemed reusable, inventoried by Facilities Management. Please attach any supporting documentation, specifications, requirements, installation instructions, etc. to this request.

USE & OCCUPANCY								
This Space is used primarily for:		<input type="checkbox"/> Instruction <input type="checkbox"/> Research <input type="checkbox"/> Faculty <input type="checkbox"/> Student Use <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Conference/Mtg Rooms <input type="checkbox"/> Assoc. Faculty/Affiliated Staff (Non-University) <input type="checkbox"/> Private Study <input type="checkbox"/> Storage <input type="checkbox"/> Other:						
UTILITY SERVICE NEEDED IN THE SPACE								
<input type="checkbox"/>	Water	<input type="checkbox"/>	Compressed Air	<input type="checkbox"/>	Emergency Power			
<input type="checkbox"/>	Alternative Voltage	<input type="checkbox"/>	Vacuum	<input type="checkbox"/>	Gas (Flammable or Inert)			
<input type="checkbox"/>	Dedicated Power	<input type="checkbox"/>	Specialized Lighting System	<input type="checkbox"/>				
<input type="checkbox"/>	Vent System/Air Flow	<input type="checkbox"/>	Dedicated Heating/Cooling	<input type="checkbox"/>				
Does the space require specialized temperature controls? <input type="checkbox"/> Y <input type="checkbox"/> N								
Other:								
ENVIRONMENTAL/PHYSICAL CONTROL FACTORS NEEDED IN THE SPACE								
<input type="checkbox"/>	Blackout Curtains	<input type="checkbox"/>	Sound or Vibration Mitigation Pad	<input type="checkbox"/>	Acoustical Wall/Ceiling Treatments			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Other:								
FURNITURE AND ACCESSORIES NEEDED IN THE SPACE								
Item Description		#	Item Description		#	Item Description		#
<input type="checkbox"/>	Desk		<input type="checkbox"/>	Desk Chair		<input type="checkbox"/>	Bench	
<input type="checkbox"/>	Work Table		<input type="checkbox"/>	Stool		<input type="checkbox"/>	Sofa	
<input type="checkbox"/>	Conference Table		<input type="checkbox"/>	Conference Chairs		<input type="checkbox"/>	Half-height Partition	
<input type="checkbox"/>	Vertical Filing Cabinet		<input type="checkbox"/>	Assorted Chairs		<input type="checkbox"/>	Quarter-height Partition	
<input type="checkbox"/>	Lateral Filing Cabinet		<input type="checkbox"/>	Bookshelf		<input type="checkbox"/>	Cubicle System	
<input type="checkbox"/>	Storage Cabinet		<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
EQUIPMENT NEEDED IN THE SPACE								
Fixed Equipment		#	Moveable Equipment		#	Office Equipment		#
<input type="checkbox"/>	Sink		<input type="checkbox"/>	Digital Projector		<input type="checkbox"/>	CPU's	
<input type="checkbox"/>	Fume Hood		<input type="checkbox"/>	Screen		<input type="checkbox"/>	Server	
<input type="checkbox"/>	Biological Safety Cabinet		<input type="checkbox"/>	Refrigerator		<input type="checkbox"/>	CRT Monitor	
<input type="checkbox"/>	Cup Sink		<input type="checkbox"/>	Freezer		<input type="checkbox"/>	LCD Monitor	
<input type="checkbox"/>	Environmental Chamber		<input type="checkbox"/>	-20° Freezer		<input type="checkbox"/>	Phone	
<input type="checkbox"/>	Dishwasher		<input type="checkbox"/>	-40° Freezer		<input type="checkbox"/>	Fax Machine	
<input type="checkbox"/>	Cabinetry		<input type="checkbox"/>	-60° Freezer		<input type="checkbox"/>	Copy Machine	
<input type="checkbox"/>	Shelving		<input type="checkbox"/>	-80° Freezer		<input type="checkbox"/>	Shredder	
<input type="checkbox"/>	Work Bench		<input type="checkbox"/>	Ice Chest		<input type="checkbox"/>	Printer	
<input type="checkbox"/>	Supplemental HVAC		<input type="checkbox"/>	Ice Machine		<input type="checkbox"/>	Water Bubbler	
<input type="checkbox"/>	Supplemental Lighting		<input type="checkbox"/>	Compressed Gas Cylinder		<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

Request Authorization Signatures:

By Signing this form, I agree that: I am authorized to do so; this form is filled out completely and accurately; and I have read, understood and agree to abide by the policies of the Space Committee.

Requestor's Name & Position Signature Date
(Please print)

Snr or Assoc Dean/Assoc. Vice Provost/Assoc. Vice President/Asst. Vice President's Name Signature Date
(Please print and circle position)

Dean/Vice Provost/Vice President's Name Signature Date
(Please print and circle position)

Senior Project Executive, PHSC Name Signature Date
(Please print)

This box is for use by the Space Committee only.

Date Received:	Form is Complete? <input type="checkbox"/> Y <input type="checkbox"/> N	Sufficient Information? <input type="checkbox"/> Y <input type="checkbox"/> N	Appropriate Authorization? <input type="checkbox"/> Y <input type="checkbox"/> N
Confirmation Sent:	Supplemental Forms Attached:		
Date Discussed:			
Date Decided:			
Form Processed by:	Proposed Budget:	Previous Sq.Ft:	New Sq.Ft.:

Facilities Recommendations/Comments:

Space Committee Recommendation: Approve Deny Approve/Hold Until Next Fiscal Year Additional Information Requested
Comments: