GREENHOUSE BENCH SPACE REQUEST

**TEACHING FORM**

Faculty name: ____________________________  Work phone #: ____________________________

Teaching Assistant or staff: ____________________________  E-mail: ____________________________

Department: __________________________________________

Course Name: __________________________________________

Departmental Chart String: ____________________________

Approximate Space Requirements (sq. feet/month):
(typical Main Campus ½ bench is 55 ft², HRC bench is 40 ft², and BRC benches vary with greenhouse).

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<th>Month</th>
<th>January 2022</th>
<th>February 2022</th>
<th>March 2022</th>
<th>April 2022</th>
<th>May 2022</th>
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<th>July 2022</th>
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<th>September 2022</th>
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<td>Approximate space requirements</td>
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Desired Location:  (please check desired facility location; use one form per facility location if requesting multiple sites)

□ MAIN CAMPUS (bench space charge is $6.04/ft²/month) ($3.02 for nursery area)

□ HRC (Hort. Research Complex) (East House bench space charge is $4.11/ft²/month) ($2.06 for nursery pad area)

□ BRC (BioResearch Complex) (bench space charge is $4.89/ft²/month) ($2.45 for outside area)

CALS Departmental cost share for teaching bench space will be 11% of above charges; all other Dept’s will be charged 100%

House #(’s) and/or bench(es) ____________________________

Does project generate biohazardous plant material?  yes or no (please circle one)

Are there potential environmental risks associated with this project?  yes or no (please circle one)
  if yes to either above question, please contact Greenhouse Director for additional forms.

Special Requirements:
1. Temperature range preferred: day _______________, night: _______________
2. Is day length critical?  yes or no (please circle one)
3. Will you require HID supplemental lighting?  yes or no (please circle one), if yes, what is the day/night ratio? ________/_______
4. Fertilizer needed (Main Campus Facility’s standard fertilizer is 17-4-17 at 150 ppm nitrogen):  yes or no (please circle one)
5. Other Requirements (recognized pests or diseases or other helpful hints):
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

Please Note:
1. All plant material must be labeled with faculty name and course ID.
2. All plants will receive regular applications of water, fertilizer, and pesticides unless you specify otherwise.

Signature of Department Chair: ____________________________  Date: ____________________________