

**GREENHOUSE BENCH SPACE REQUEST
TEACHING FORM**

Faculty name: _____

Work phone #: _____

Teaching Assistant or staff: _____

E-mail: _____

Emergency Notification Contact (and phone #):

Department: _____

Course Name: _____

Departmental Chart String: _____

Approximate Space Requirements (sq. feet/month):

(typical Main Campus 1/2 bench is 55 ft², HRC bench is 40 ft², and BRC benches vary with greenhouse).

January 201__ _____ May 201__ _____ September 201__ _____

February 201__ _____ June 201__ _____ October 201__ _____

March 201__ _____ July 201__ _____ November 201__ _____

April 201__ _____ August 201__ _____ December 201__ _____

Desired Location: *(please check desired facility location; use one form per facility location if requesting multiple sites)*

<input type="checkbox"/> MAIN CAMPUS (bench space charge is \$5.00/ft ² /month) (\$2.50 for nursery area)	<input type="checkbox"/> HRC (Hort. Research Complex) (East House bench space charge is \$4.33/ft ² /month) (West House: April 1 through late November, \$3.25; winter rate, \$0.98) (\$2.17 for nursery pad area)	<input type="checkbox"/> BRC (BioResearch Complex) (bench space charge is \$3.70/ft ² /month) (\$1.85 for outside area)
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CALS Departmental cost share for teaching bench space will be 6% 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: _____