



Request Type: ☐ **Assignment** of new space **and/or**
☐ **Release** of existing space*

*Please refer to the IBB manual, algorithm 6 for further information on timing of budgetary impact.

1 Describe Space Request

Department/Unit Name

Brief Descriptive Title of Request (for reference only)

Person to Contact

Department

Phone Number

E-mail Address

Summary of Space Request (For space assignment requests, include reason for the space need; for release requests, indicate why space is no longer required. Combination space release/assignment requests (i.e. Space Transfers) should be coordinated by both units, including signatures of each party (signature line 2 below). PLEASE ATTACH A SEPARATE SHEET IF NECESSARY.

In Cases Where Units are Transferring Space please complete the Following Matrix prior to signatures ("Unit" is the College or Major Administrative Unit):

Old Paying Unit (IBB Reporting Unit)

New Paying Unit (IBB Reporting Unit)

Old Occupying Unit

New Occupying Unit

Type of Space relating to Assignment of new space AND/OR Release of existing space (check **all that apply):**

☐ Classroom ☐ Laboratory ☐ Office ☐ Other - Describe

New Space Assignments - Please identify the following:

- Specific or ideal new location and why?
- Location of current space this function/department occupies.
- Will currently occupied space be vacated if new space request is approved?
- When is space needed and for how long?
- List of all personnel who will utilize the space, including home department, name, title, FTE, supervisor and private office needs. Also include any new personnel anticipated within the next five years that impacts the space request.
- Please identify any current/expected concerns related to access for people with disabilities who will be using this space.

Space Release - Please identify the following:

- Building diagram(s) and room(s) to be released
- When do you wish to vacate the space?
- Whether the space is leased, if yes include a copy of the lease.
- Reason(s) no other departments within your college/unit can utilize the space.
- Have you identified another college/unit that is willing to take the space? Please explain.
- List of all personnel who will utilize the space, including home department, name, title, FTE, supervisor and private office needs. Also include any new personnel anticipated within the next five years that impacts the space request.

2 Dean, Director, or Vice President

Name (please print)

Dean, Director, or Vice President

Name (please print)

Signature

Date

Signature

Date

3 Planning Design and Construction (PDC) Director

Signature

Date

PDC - Campus Space Manager

Signature

Date

Please send completed and signed form to Planning Design and Construction: Lisa.Kingsbury@uvm.edu

If you require renovations in space assigned to your unit please complete the Project Request Form

FOR FAB USE ONLY}

Effective mm/dd/yyyy of space occupancy

Fiscal year transfer reflected on annual IBB report

4 Provost

Signature

Date

5 VP Finance and Administration

Signature

Date

Note: