



Request Type: Assignment of new space and/or

Release of existing space\*

\*Space release requests submitted without another unit agreeing to take the space will not ordinarily be granted unless the space meets a strategic purpose.

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)

In Cases Where Units are Transferring Space Please Complete the Following Matrix ("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.

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

Dean, Director, or Vice President

Name (please print)

Name (please print)

Signature

Date

Signature

Date

3 Planning Design and Construction (PDC) Director

PDC - Campus Space Manager

Signature

Date

Signature

Date

Please send completed and signed form to Planning Design and Construction: Joanna.Birbeck@uvm.edu

If you require renovations in space assigned to your unit please complete the Project Request Form: https://www.uvm.edu/~cpm/proj\_req\_form4.pdf

4 Provost

Note:

Signature

Date

Approved

Not Approved