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: ____________________________

Desired Start Date: ____________________________ Estimated End Date: ____________________________

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

□ MAIN CAMPUS
(bench space charge is $6.41/ft²/month)
($3.21 for nursery area)

□ HRC (Hort. Research Complex)
(East House bench space charge is $4.36/ft²/month)
($2.18 for nursery pad area)

□ BRC (BioResearch Complex)
(bench space charge is $5.19/ft²/month)
($2.59 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) ____________________________

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).

Plant Species: ____________________________

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 15-16-17 at 200 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: ____________________________