Space Allocation REQUEST Form For all University Buildings



If this request is for research space, please read the Research Space Allocation Policy and Procedures (https://www2.unbc.ca/policy) before completing this form.

Please direct any questions about completing this form to the Space Allocation Coordinator - phone ext. 5158, douglas.kean@unbc.ca

Request Date:	Requestor:		
Email:	Ext:		
Department:			
Section A: Occupancy Information Occupant Names(s) and Title(s): (Include all	ll people using the space on a consistent basis)		
Start Date:	End Date:	_	
Occupant(s) of Space will be: ☐ Faculty ☐ Staff ☐ TA's ☐ Sessional	☐ Research Chairs ☐ Research Staff ☐ Other:		
Section B: Description of Space Use What is the function of the space? ☐ Office – complete section B1 ☐ Research – complete section B1 an ☐ Other: Section B1	_ – describe and complete section B1		
What spaces are currently assigned to the	occupant? (include room numbers)		
Could the space be shared with more than	one person or group?	☐ Yes	□ No
Describe the activities taking place in the s	pace. Has this need emerged due to a	new initiative	or funding?

Section B2

Describe the types of activities in the	space:			
Will the use of the space involve training of undergraduate and graduate students, and post-doctoral fellows?				
Has the occupant notified your Depar	·	·		
Please sign to acknowledge that you section 2.1.2 of the Research Space		statements of agreement in		
Signature:				
Section C: Space Requirements				
Office Space: All office spaces have additional special requirements for the		a/telephone drops. List any		
Research Space: Check all that appl	у			
□Electrical – 220V	□Water	□Telephone		
□Emergency Power	□Cable TV	□Fume Hood		
☐Air Conditioning/Humidity	□Floor Drain	☐Sound Attenuation		
□Gas	□Computer/Data	□Vibration Free		
□Special Key(ing)	☐Special Lighting	□Quiet Space		
Section D: Requestor Comments				

Section E: Approvals

If you do not have space within your current allotment and wish to bring the request to the Space Allocation Committee for review please leave the "Assigned Space" blank and leave a direction to bring this forward to the committee in your additional comments section.

	End Date:
Start Date.	Lift Date.
Department Head, and Dea	n or Director Additional Comments:
Dean or Director Sic	gnature: Date:
Includes the Provost, Faculty Deans	s, Head Librarian, Administrative and Academic Directors, the Registrar, and Vice Presidents)
	cludes wet and dry labs, research offices, and research storage space)
	arch and Innovation Approval
Assigned Space:	
Start Date:	End Date:
/PRI Additional Comments	
VPRI Additional Comments:	
VPRI Additional Comments	
	: Date:
VPRI Signature:	
VPRI Signature:	Date: to: Attention Douglas Kean – Facilities Department
VPRI Signature: Forward completed forms For Space Allocation use	Date: to: Attention Douglas Kean – Facilities Department
VPRI Signature: Forward completed forms For Space Allocation use Date Received	Date: to: Attention Douglas Kean – Facilities Department
VPRI Signature: Forward completed forms For Space Allocation use Date Received Date submitted to Researc	Date: to: Attention Douglas Kean – Facilities Department only
VPRI Signature: Forward completed forms For Space Allocation use Date Received Date submitted to Researd Date submitted to Space A	Date: to: Attention Douglas Kean – Facilities Department only h Sub-Committee:

Space Inventory Code:

Change?

Yes O

No O