Space Request Form

To request a new allocation of space, please complete this form and submit, either by email or Campus Mail, to
Diane Machatka
Associate Director for Space Planning and Utilization
Campus and Facilities Planning
250 University Services Building
diane-machatka@uiowa.edu

Requests will be shared the Office of the Provost for review, as appropriate. Review of your unit’s current space use is typical in evaluating space requests.

Date ____________________
Requestor Name ____________________
Department ____________________
Phone ____________________
Email ____________________

_____ Request for additional space to support new or expanded activity

_____ Request to relocate to a new location

Purpose of requested space:
What kind of space do you need? Would this assignment be for research lab, teaching lab, office, office support, or other? (specify)

Explain why a new allocation of space is needed.

What will be the negative impact of not being assigned additional space?

Start and End dates for which the space is requested:

Please indicate required utilities and special physical conditions. Include desire for adjacencies to other units/programs.
Special Equipment to be housed:

People to be housed. Add lines as needed.

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<th>Name</th>
<th>Job Classification</th>
<th>Appointment Level (%)</th>
<th>New Hire or Existing Staff?</th>
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If a particular space is requested, please identify.

What space will be vacated if a new allocation is made? Control of vacated space normally reverts to central administration for reassignment. If the department wants to continue occupying vacated space, a specific request to do so should be submitted.

Source of funds for any renovation, moving or lease costs:

If this space would support funded research, note that new allocations of space are made to funded applications only:

Name of Grant and Grant Number: ____________________________
Name of PI ______________________________________
Grant Amount ______________________________________
Funding period ______________________________________
Number of FTE to be appointed with the grant funds: ________

Endorsement of DEO, either by signature or attached email indicating DEO support:

___________________________________________

For academic units, provide Endorsement by Dean, verifying that the college cannot meet this need in existing space. May provide signature or attached email indicating Dean’s support.

___________________________________________