



USF FACILITIES MANAGEMENT SPACE IMPACT REQUEST

EMAIL COMPLETED FORM TO: jgahagan@usf.edu FOR INFORMATION CALL: [813-974-0332](tel:813-974-0332)

A REQUESTOR: CHECK IF REQUESTOR IS PROJECT CONTACT.

COLLEGE/UNIT: _____
REQUEST DATE: _____
NAME: _____
EMAIL: _____
PHONE: _____

PROJECT CONTACT:
Name: _____
Email: _____
Phone: _____

RESERVED FOR SIR MANAGER USE:
SIR NUMBER: _____
DATE: _____

B REQUEST: CHECK IF ADDITIONAL INFORMATION IS ATTACHED (SKETCHES, PHOTOS, PRODUCT INFO, ETC.)

BUILDING NAME: _____
Yes No SPACE IMPACT QUESTIONNAIRE: CHECK YES OR NO FOR ALL QUESTIONS.
 WILL THIS PROJECT REQUIRE BUILDING OR REMOVING WALLS?
 WILL OCCUPANTS BE DISPLACED WHILE WORK OCCURS?
 IS AN ESTIMATE BEING REQUESTED FOR BUDGETING PURPOSES?

EXPECTED BUDGET RANGE:
 <\$5,000
 \$5,000 -- \$25,000
 \$25,000 -- \$100,000
 >\$100,000

AREA IMPACTED: _____

DESCRIPTION OF MODIFICATION REQUESTED: _____

DEPARTMENT TIMELINE EXPECTATION: _____

IN WHAT WAY IS YOUR CURRENT SPACE INADEQUATE FOR THE IDENTIFIED NEED? ADDRESS THE IMPLICATIONS TO YOUR PROGRAM/SERVICE IF YOUR REQUEST IS NOT APPROVED

WILL THIS PROJECT CHANGE THE INVENTORY CLASSIFICATION OF ROOMS? (E.G. CLASSROOMS TO OFFICES; TEACHING LABS TO RESEARCH LABS)

C CHARTFIELD(S): IF REQUEST IS APPROVED, IS SUFFICIENT FUNDING IN PLACE TO COVER THE PROJECT COST? IF YES, IDENTIFY FUNDING SOURCE.

OP. UNIT	FUND CODE	ACCOUNT	DEPT.	PRODUCT	INITIATIVE	BUD. REF.

D SIGNATURE: SIGNATURE BELOW IS REQUIRED PRIOR TO REVIEW AND DOES NOT IMPLY APPROVAL OF THIS REQUEST.

REQUEST CATEGORY: CHECK ONE OF TWO CATEGORIES

ROUTINE: ROUTINE MODIFICATION REQUIRE SIGNATURE FROM DEAN OR DIRECTOR OF THE DEPARTMENT. EXAMPLES OF ROUTINE MODIFICATIONS INCLUDE ADDITION OF AN ELECTRICAL OUTLET, MINOR AV PROJECTS, AND INSTALLING A NEW DOOR OR WALL IN OFFICE SPACE. SIGNATURE ① REQUIRED.

NON-ROUTINE / OTHER: ALL NON-ROUTINE REQUIRES SIGNATURE FROM THE DEAN OR DIRECTOR AND AREA VICE PRESIDENT OR DESIGNEE. EXAMPLES OF NON-ROUTINE INCLUDE SUITE RENOVATIONS, SIGNIFICANT ALTERATIONS TO INTERIOR OR EXTERIOR SPACES, AND ACCOMMODATIONS MADE DUE TO LARGE EQUIPMENT PURCHASES AND DEPARTMENTAL RESTRUCTURING. SIGNATURE ① AND ② REQUIRED.

① DEAN/DIRECTOR:

(PLEASE PRINT NAME) _____ DATE: _____ EMAIL: _____
PHONE: _____

② AREA VICE PRESIDENT OR DESIGNEE:

(PLEASE PRINT NAME) _____ DATE: _____ EMAIL: _____
PHONE: _____