



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: (IF NOT IN BUILDING, PLEASE ATTACH A MAP)

EXPECTED BUDGET RANGE:

Yes No SPACE IMPACT QUESTIONNAIRE: CHECK YES OR NO FOR ALL QUESTIONS.

<\$5,000

WILL THIS PROJECT REQUIRE BUILDING OR REMOVING WALLS?

\$5,000 -- \$25,000

WILL OCCUPANTS BE DISPLACED WHILE WORK OCCURS?

\$25,000 -- \$100,000

IS AN ESTIMATE BEING REQUESTED FOR BUDGETING PURPOSES?

>\$100,000

AREA IMPACTED: _____

DESCRIPTION OF MODIFICATION REQUESTED: _____

WILL ROOM CLASSIFICATION CHANGE? Yes No

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.

ANY CRITICAL FACTORS TO BE CONSIDERED IN SCHEDULING THIS PROJECT?

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. |
|----------|-----------|---------|-------|---------|------------|-----------|
| | | | | | | |

ACCOUNTABLE OFFICER: _____

NAME: _____

EMAIL: _____

PHONE: _____

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 APPROVED DESIGNEE 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 APPROVED DESIGNEE AND AREA VICE PRESIDENT OR APPROVED 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 OR APPROVED DESIGNEE:

(PLEASE PRINT NAME) _____

SIGNATURE _____

DATE: _____

EMAIL: _____

PHONE: _____

② AREA VICE PRESIDENT OR APPROVED DESIGNEE:

(PLEASE PRINT NAME) _____

SIGNATURE _____

DATE: _____

EMAIL: _____

PHONE: _____