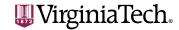
### **FACILITIES DEPARTMENT**

112 Facilities Complex (0529) Blacksburg, VA 24061 540-231-4300 www.facilities.vt.edu vtrepair@vt.edu

#### **SPACE REQUEST FORM**

For use in reference to President's Policy Memorandum No. 289

Date of request:
Space/program title:
Form preparer:
Program contact:
Sponsor (division/college approving request):
Source of funding:
(org. number/fund number)
Type of space:
(office, service, laboratory, parking, storage, etc.)
Square footage:
Estimate total square footage based on proposed occupancy requirements using the provided Space Guidelines.
Desired engunerous
Desired occupancy:(month/day/year)
Term of space need:
(SIX Monuts, tinee years, five years, etc.)
Program description:
Briefly describe the purpose of the space requested.



# **FACILITIES DEPARTMENT**

Occupancy requirements:	
Provide [staff] listing for all occupants of the space. Use a separate attachment, if needed.	
Space requirements:	
Provide a list of any amenities or features that may help define the type of space needed [such as desired adjacencies, spe and voice/data connectivity, equipment and fixture requirements, computer rooms, etc.]. Use a separate attachment, if need	
List of attachments:	
Does the space require accessibility to persons who may be mobility impaired? Yes No	
For Clery Act reporting purposes, will this location be frequently used by students? Yes* No	
*If so, Indicate frequency: daily weekly monthly 1X semester 1x year Other:	

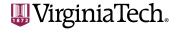
 $\hbox{$\rlap{$\downarrow$}$ Virginia Tech.}$ 

#### Division of Administrative Services

### **FACILITIES DEPARTMENT**

Approved funding source provided:*	Yes	No	N/A			
Occupancy (staff) listing received:*	Yes	No N/A (Non-Occupied Space)				
*Approved funding source and occupancy	listing (a	s require	d) to be included with all submissions to Ol	UP.		
I agree with the above request and ap	prove fu	nding fo	r implementation:			
Academic Dean or Vice President			Printed Name	Date		
Executive Vice President and Provost			Printed Name	Date		
OR						
Administrative Vice President			Printed Name	Date		

All of the signatures above should be obtained by the requester before submitting the form to the Office of University Planning. Completed forms should be submitted to the Office of University Planning (0160).



## **FACILITIES DEPARTMENT**

### FOR FACILITIES DEPARTMENT USE ONLY

The request is within approved standards for space requiremen	nts Yes	. No	N/A		
Existing university owned space is available to accommodate the	ne request	:* Yes	No	N/A	
*If no, Real Estate Management is hereby requested to work with the	program to	identify lea	se opportu	unities to meet the ide	entified need.
Office of University Planning comments:					
Leigh Lally University Space Manager, Office of University Planning				Date	
Jason P. Soileau Assistant Vice President, Office of University Planning				Date	
If leasing, the following signatures are required:					
Timothy L. Hodge (If centrally funded) Assistant Vice President for Budget and Financial Planning				Date	
Christopher H. Kiwus Associate Vice President and Chief Facilities Officer				Date	
Sherwood G. Wilson				Date	
Vice President for Administration					

