|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| http://www.slu.edu/Documents/marketing_communications/logos/slu/SLU_LogoLeftAligned_CMYK.jpg  **Request for Space Allocation** | | | | | | |  | | |
| Date Received | | Click or tap here to enter text. |
|  | | | | | | | | | |
| **Step I: Request for Space Allocation** | | | | | | | | | |
| Requesting Dept. | Click or tap here to enter text. | | | | | | Date | | Click or tap here to enter text. |
| Dept. Contact | Click or tap here to enter text. | | | | | | Phone | | Click or tap here to enter text. |
|  |  | | | | | | E-Mail | | Click or tap here to enter text. |
|  | | | | | | | | | |
| Saint Louis University space must be utilized as effectively as possible in order to support University priorities, strategic plans, the Campus Master Plan, and desired growth. Any endeavor that requires additional space should be addressed first within a unit’s current allocation, then within the unit’s school or division. The Space Advisory Committee oversees the assignment and utilization of space owned by the University. The purpose of this form is to provide information necessary for evaluation of space requests.  An updated space inventory, including room name and occupancy of all space currently assigned to the requesting department, must be completed in the University space management system prior to submitting this request.  The completed form and relevant attachments should be forwarded to [facilitiesdatamanagement@slu.edu](file:///\\ds.slu.edu\DEP\Facilities_Services\common\Denise%20Johnson\Space%20Policy\Space%20Policy%20with%20Attachments\facilitiesdatamanagement@slu.edu).  **Purpose of Request:**  Briefly describe the programmatic need for the space.  Click or tap here to enter text.  **Justification:**  Describe how this request for space advances the missions and strategic priorities of the University.  Click or tap here to enter text.  What are the benefits (programmatic, financial, etc.) that will occur as a result of having the request granted?  Click or tap here to enter text.  What will be the negative impact of not being assigned this request?  Click or tap here to enter text.  **Space Need Description*:***  Identify the effective date and the length of the need. Identify any other timing needs (e.g., need to move during semester break, in coordination with another activity, etc.).  Click or tap here to enter text.  Is there a preferred location? If so, identify the building and rooms as specifically as possible, and why this space is preferred?  Click or tap here to enter text.  Describe the type of room(s) requested and the intended use of the space (e.g., reception, faculty or staff office, workroom, conference room, storage, teaching lab, research lab, research or teaching support space, departmental classroom, etc.) Attach a spreadsheet or other supporting materials as needed.  Click or tap here to enter text.  Attach a list of employees who will occupy this space. Include name (or Requisition Number for new hire), title, employee type, and FTE.  List any special requirements of the space requested (e.g., location, access, equipment, adjacencies, etc.).  Click or tap here to enter text.  Describe avenues explored to solve this space requirement within existing space and reason(s) for insufficiency. For example, has the school/department/program considered maximizing underutilized space to solve this need? Has the space assigned to lower priorities been considered? What possibilities for shared space have been explored?  Click or tap here to enter text.  List space that will be vacated if a new allocation is approved.  Click or tap here to enter text.  Space that is vacated to accommodate this request will become the property of the University until it is reallocated.  *Funding Source, if applicable:* Click or tap here to enter text.  (account name & number)  **Authorizing Signatures:**   |  |  |  |  | | --- | --- | --- | --- | | Dean/Dept. Head | Click or tap here to enter text. | Date | Click or tap here to enter text. | | Administrative Head | Click or tap here to enter text. | Date | Click or tap here to enter text. | | Vice President/Provost | Click or tap here to enter text. | Date | Click or tap here to enter text. |  |  | | --- | | **Step II: Space Advisory Committee Review & Recommendation** |   Click or tap here to enter text.  **Authorizing Signature:**   |  |  |  |  | | --- | --- | --- | --- | | VP Facilities Services: | Click or tap here to enter text. | Date | Click or tap here to enter text. |  |  | | --- | | **Step III: President** | | | | | | | | | | |
| President’s Signature | | Click or tap here to enter text. | Approved |  | Denied |  | | Date |  |