



## Relocation or New Space Request Form

Please complete the form below and attach any additional information that would further inform this request. The applicable Vice President or Provost will submit completed form and additional materials to the Space Committee for review. Once a decision is made, the applicable Vice President or Provost will communicate the decision of the committee.

**I have read and agree to follow USMs space policy.**

Name:	Department:
Phone:	Current location (building & office number):
Email:	

Health, Safety, and/or ADA Accommodations Required	
Type of Space Requested (Instruction, Office, Research, Other)	
Rationale for the move. How will this move benefit the following? <ul style="list-style-type: none"> <li>• USM students</li> <li>• Department</li> <li>• Staff</li> <li>• USM's mission</li> </ul>	
Project Scope. Please comment on: <ul style="list-style-type: none"> <li>• Specific space needs of the department and how many employees will move?</li> <li>• Preferred move timeline</li> <li>• Preferred new destination (if known). Is this space currently occupied and by whom?</li> </ul>	

**FUNDING: *Completing this chartfield information is the responsibility of the move requestor***

GL Chartfields: Department: \_\_\_\_\_ Fund: \_\_\_ Program: \_\_\_\_\_ Project: \_\_\_\_\_

**REQUIRED SIGNATURES**

(Circle One)

*Name (print)* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_ *Approve/Deny* \_\_\_\_\_

**Department Chair or Manager**

*Name (print)* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_ *Approve/Deny* \_\_\_\_\_

**College Dean or Director**

*Name (print)* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_ *Approve/Deny* \_\_\_\_\_

**VP or Provost**

FINAL DECISION BY SPACE COMMITTEE: \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_

**FACILITIES PROJECT ASSESSMENT: *For Facilities Management Use Only***

Facilities Role and Estimated Repair and Renovation Costs	
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Space Requestor Role and Estimated Repair and Renovation Costs	
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Potential Disposal Cost	
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