

UIS Space Allocation Committee Request Form

The UIS Space Allocation Committee (SAC) reviews all requests for reallocation of physical space located in all university facilities unless prohibited by contract or funding source obligations, policy, or statute. This includes reassignment of space from one unit to another or space that would involve remodeling/construction. In addition, the SAC will review major changes in the use of space (for example, changing a conference/meeting space or classroom to offices).

The committee will not review requests for moves of personnel within a department's existing space, such as reassignment of offices within the same department/center or assignment of space for special events.

Please submit this form to the chairman of the Space Allocation Committee: Kenneth Kriz, Interim Vice Chancellor of Finance and Administration, at kkriz4@uis.edu and copy facilities@uis.edu.

I. REQUESTER INFORMATION	
Requester (Primary Contact):	
Dept/Unit/Center/School:	
Phone:	
Email:	
Date:	

II. SUMMARY OF REQUEST
<input type="checkbox"/> Request for additional space to support new or expanded activity <input type="checkbox"/> Request to relocate to a new location <input type="checkbox"/> Lease request

III. REQUEST FOR SPACE
A. Briefly describe why new/additional space is needed. How will this requested space positively impact the educational mission? Address the implications to your program/service if additional space is not approved. Please supply supporting documentation.
B. New space will be used for: Instruction <input type="checkbox"/> Research/Grant <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> If other, please specify:

C. What attempts have been made to locate space within your current space allocation? Has under-utilized space been assessed to solve this need? Have shared space possibilities been explored?

D. Have you identified a suitable location for this new space that may be available? Yes No

E. If yes, describe and identify the building/room numbers, or attach a drawing/floor plan/diagram:

F. Is the space requested currently occupied? Yes No

G. If space will be vacated by approval of this request, please indicate if current space will be released:
Yes No

H. Will this space need to be renovated if the request is granted? Yes No

I. If yes, are funds available for the renovation? Yes No

J. Funding source for renovation (CFOP):

IV. SPACE REQUIREMENTS Please refer to the Space Criteria Form to complete space requirement needs.

V. REQUESTER AUTHORIZATION SIGNATURES (the signatures below indicate agreement that the space request should be given consideration. Approval to submit request does not indicate a guarantee of space for the purpose outlined in this request.)

Department Head/Chair/Director

Date:

Comments:

Dean

Date:

Comments:

Vice Chancellor

Date:

Comments:

VI. UIS SPACE ALLOCATION COMMITTEE ACTION

Date received by Committee:

Date reviewed by Committee:

Action recommended by Committee:

Date requester notified:

Assigned space:

Comments:

Submission Deadline: The 25th of the month

Committee Review: Second Friday of the month or as posted

SPACE CRITERIA FORM

Space Name: _____

Typical Occupancy: _____

Primary Function/Use of the Space: _____

Special Requirements

1) Minimum square footage or space dimensions

- Ceiling height: _____
- Special dimensions to fix specific type of equipment or furniture:

2) Special finish materials

- Floor: _____
- Walls: _____
- Reinforced wall construction to support any equipment or fixtures hanging on the wall (to include dry erase boards): _____
- Ceiling: _____
- Acoustics: _____
- Signage: _____
- Door size: _____

3) Special heating/cooling and ventilation requirements

- Heating: _____
- Cooling: _____
- Ventilation: _____
- Humidity control: _____
- Plumbing (water, sewer, specialized drains, oil/water separator, eye/body wash, natural gas, compressed gas, or air, etc.): _____
- Specialized cooling for electronics/servers/computers: _____

4) Specialized fire detection, suppression, or protection:

5) Electrical

- Special power requirements for equipment: _____
- Dedicated ground outlet required? _____
- Isolated ground outlet required? _____
- Uninterrupted Power Supply (UPS) required? _____
- Special lighting/controls: _____
- Is daylight required? _____

6) IT/Communications/Audio-Visual

- Local Area Network/Wireless Access Point: _____
- Telephone: _____
- Public address system: _____
- TV/monitor: _____
- CCTV: _____
- Projector & screen: _____
- Computers: _____
- Printer/Copy Machine: _____
- Other audio-visual requirements: _____

7) Security

- Key lock: _____
- Keypad (electric): _____
- Access control system: _____
- Intrusion detection system: _____
- Cameras: _____
- Other security requirements: _____

8) Applicable Safety or Occupational Health Regulations, Codes, etc.

9) Furniture & Specialized Equipment

- Please list all specialized fixed and/or movable equipment along with furniture. If additional explanatory information is required (photos, web pages, etc.), please attach them.

