

Space Utilization
Change/Request Form

Purpose: to fully staff and explain all space utilization issues prior to the scheduled quarterly meetings.

1. Briefly describe the proposed space change and/or request for additional space: _____

2. Justification for proposed space change/request: _____

3. Does the proposed space change/request for additional space involve space(s) within a directorate other than your own? Yes No.

4. Have the involved directorates come to a tentative agreement/arraignment?
 Yes No.

If yes, please describe the proposed agreement/arrangement?

5. OPMAN/MID use only:

Telephone Service	Labor Needs:	IT
New Installation? <input type="checkbox"/> Y <input type="checkbox"/> N	Painting? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> SF	Network Drops Required? <input type="checkbox"/> Y <input type="checkbox"/> N
(Room(s) ____, ____, __)	Furniture Moves or Installation? <input type="checkbox"/> Y <input type="checkbox"/> N	Room(s) ____, ____, __)
	Equipment Moves or Installation? <input type="checkbox"/> Y <input type="checkbox"/> N	
Service Transfer? <input type="checkbox"/> Y <input type="checkbox"/> N	Plumbing Issues? <input type="checkbox"/> Y <input type="checkbox"/> N	IT Equipment Required? <input type="checkbox"/> Y <input type="checkbox"/> N
(From Room: __ To Room: __)	Electrical Issues? <input type="checkbox"/> Y <input type="checkbox"/> N	

Note: Any Technical requirements beyond the scope of OMAN/MID may prolong any proposed timelines

6. Directors - sign and submit to Head, Operating Management Department for inclusion in the next Space Utilization Committee Meeting.

Signature Department Date

Signature Department Date

Space Utilization Committee:
Approved / Disapproved