

Instructions:

1. Complete this form and have the appropriate Dean/Assistant, Associate Vice President, or equivalent e-sign the request (e-signatures required).
2. Email the completed and e-signed form to the Office of Space Allocation & Analysis (OSAA) at julricksen@uri.edu.
3. Space allocations must be reviewed by the [Space Enhancement, Design, and Allocation Committee](#) (SEDA).

REQUEST FOR ALLOCATION OF SPACE

Requestor:

| | | |
|-------------|--------|--------|
| Name: | Title: | |
| Department: | Email: | Phone: |

Occupant Information for Space Requested: Provide occupant information for space requests seeking offices or laboratories.

| | |
|-------------------|-------------------------|
| Position Title: | Dept./Discipline: |
| Chair/Supervisor: | Anticipated Start Date: |

Type of Space Requested: Indicate required spaces including those currently allocated to the department that will support this request. For example, office space for a new hire has been identified, but additional research space is needed. List the office location and indicate that it is allocated to the department. Then, list the needed research space. Identify the building, floor, and/or room where appropriate. If not known, generalize the desired location (i.e.: building name, specific floor, area of campus, etc.).

| Space Type: | # of Spaces Required | # of Planned Occupants | Known or Requested Location (i.e.: Area of Campus, Building, Floor, Room, General Requested Location, etc.) | Square Feet (if known) |
|-----------------------|----------------------|------------------------|---|------------------------|
| Faculty Office | | | | |
| Staff Office/Cubicle | | | | |
| Student Office/Carrel | | | | |
| Conference/Seminar | | | | |
| Teaching Laboratory | | | | |
| Research Laboratory | | | | |
| Support Space | | | | |
| Other | | | | |

Space Request Justification: Please include the reason for request (i.e.: space needs driven by new programs, research grants, inadequate space, new hire, etc.), rationale for allocation (i.e.: include likely benefits and consequences if not approved), and how this allocation will assist in meeting departmental goals.

Timeline & Funding:

| | | | | | |
|--|-----|----|------------------------------------|-----|----|
| When is the space needed? | | | How long will the space be needed? | | |
| Will this space be used for sponsored research (i.e.: grant/contract)? | Yes | No | If yes, has it been funded? | Yes | No |
| If yes, provide Award Number: | | | , Start Date: , & Amount: | | |
| Will existing spaces be vacated if this request is approved? | | | Yes | No | |
| If yes, please list the spaces (attach a separate sheet if necessary): | | | | | |
| Will renovations be required if this request is approved? | | | Yes | No | |

****PLEASE NOTE:** Funding for improvements must be secured by the department.

COLLEGE OR DIVISION REVIEW & APPROVAL SIGNATURE

Dean/Assistant or Associate Vice President (required for submission to OSSA)

By signing this form, I am stating that I endorse this space request.

Signature

Title

Printed Name

Date

FOR OSAA USE ONLY

DATE OF RECEIPT: _____

FOR OSAA USE ONLY - OSAA WILL SECURE THE SIGNATURES BELOW AS NECESSARY

Provost or Vice President

By signing this form, I am stating that I endorse this space request.

Signature

Title

Printed Name

Date

Vice President, Research & Economic Development (For laboratory/research space requests only)

By signing this form, I am stating that I endorse this space request.

Signature

Title

Printed Name

Date