

Space Request Guidelines and Form

Office of Space Planning, Facility Services
University Of Windsor

Space Request Procedures General Guidelines

Requests for space will proceed through the following steps:

Step 1:

The department, unit, or individual must complete the Space Request Form in collaboration with the appropriate authority designated for their faculty or department.

Step 2:

After the Space Request Form has been completed the Space Request Approval Form must be signed by the appropriated Head or Director, and the Dean of the faculty prior to submitting the request.

The completed and signed forms should be sent, no later than one week prior to the SPC meeting, to **spaceplanning@uwindsor.ca.** Your request will then be forwarded to the Space Planning Committee.

Space Request Forms can be found on the Office of Space Planning and Management web site at http://www.uwindsor.ca/facilityservices/space-management-office.

The Space Planning Committee Meeting Schedule can be found at http://www1.uwindsor.ca/facilityservices/system/files/Space%20Planning%20Committee%20meeting%20schedule%202016.pdf

Step 3:

The Space Planning Committee will evaluate, discuss, and prioritize the requests for space and make a recommendation.

The following criteria will be used in determining whether or not to recommend and approve the space request.

- 1. Departmental and University objectives
- 2. Code and facilities considerations
- 3. Cost and benefit considerations
- 4. Appropriateness of space to the function to be served
- 5. Physical proximity of departmental units in cases where programs can be enhanced by close geographical locations
- 6. Audit and analysis of space requests based on current space utilization standards and guidelines
- 7. Priorities for research, academic programs, and support areas established by the President and/or VP's
- 8. Minimal disruption of ongoing activities of faculty, students and staff
- 9. Time frame requested
- 10. Space has been exhausted in the department making the request.



Space Request Form

	Space	Request Title:		
	Date:		Applicant Name:	
	Contac	ct Name: (if different from	applicant name):	ind wet/dry om benefits
	Phone	:	E-Mail Address:	
	Dept/	Unit/School/Faculty:		
	Reque	st is for:		nd vet/dry om penefits
	0	On-campus space		
	0	Off-campus space that n	nust be leased	
1.	mission of the lab, teaching/s location (if app	unit/school/faculty/unive student space, support spa propriate.) Please include	your justification for your space request and how it fits with the role and rsity. Please make sure the request includes type of space (e.g. office, wet/d ice etc.), assignable area (sq. ft./ sq. m.), and preferred building and room any drawings or schedules pertinent to the proposal. Also explain the beneficw programs etc.) that will accrue as a result of having your request granted.	its

	In what way is your current space inadequate for the identified need?
•	How long will the space be used for the requested purpose?
	What is the anticipated time-line for moving into the requested space?
•	If a particular space has been identified, is there any remodeling or repair work required prior to moving into the space Please provide cost estimate (renovations, moving, leasing, and electrical/ data etc.) and source of funding information Visit the Facility Planning, Design & Construction Department website to submit a request for estimates: http://www1.uwindsor.ca/facilityservices/facility-planning-design-construction
	What increased operating cost will be incurred as a result of securing this space? Where are the funds to come from fo this additional cost?

Are parking arrangements needed as part of the new space or lease agreement? If yes, please explain. For any parking related questions, visit the website at http://www1.uwindsor.ca/parking				
Have temporary arrangements been made to secure space for the requested purpose? If so, please explain.				

Space Request Approval Form

1. This request has been reviewed and approved for submission by the unit/departmental Director or Head of a particular unit or department, and by the Dean of the Faculty or Vice President, or designate. Relative to other requests coming from our unit/department/faculty, this request has been given the following priority rating: High Moderate Low Date: _____ Head: (print name) (signature) Director: (print name) (signature) *Approval and signature from the Dean/VP or designate is mandatory. Date: Dean/VP or designate: (print name) (signature) 2. This request has been reviewed and discussed by the Space Planning Committee. The Committee makes the following recommendation: Space Planning Committee:

Date: _____