

*****PLEASE SUBMIT COMPLETED FORM TO OFM OFFICE*****

Campus Mail: MDC 23

Room: MDC 1413

Fax: 974-3846

Email To: sdouglas@health.usf.edu cc: towera@health.usf.edu & jstrobbe@health.usf.edu

If you need assistance completing this form please contact the OFM office at 974-3017.

USF HEALTH

Operations and Facilities Management (OFM)

Facilities Space Use Request

CONTACT INFORMATION:

Requesting Department:		Date:
Name:	Phone:	Email:

DESCRIPTION OF SPACE NEED:

Space will be used for: Instruction Research Administration Support Other _____

Space will be used by: Faculty Research Staff Class Staff RA/TA Students Other

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

If Yes, please describe, using building/room #s or attach drawing/floor plans/diagrams:

Desired Request/Use Date:	Length of time needed:	F&A Eligible Activity: Yes <input type="checkbox"/> No <input type="radio"/>
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Please briefly describe how the space will be used as well as why new/additional space is needed (You may attach drawings/floor plans/diagrams):

Please briefly describe any special requirements for this space including the need for proximity to other facilities:

Please provide the total Net Square Footage you are requesting (if known):

REQUIRED AUTHORIZED SIGNATURES:

Department Head: _____ Date: _____

Comments:

Dean/Director/Chair: Date: _____ Date: _____

Comments:

OFFICIAL USE ONLY

HSC Space Committee Review & Recommendation: _____ Date: _____

Comments:

USF Health Vice President: _____ Date: _____

Approved _____ Disapproved _____

Comments: