

Space Allocation Request Form

Space Allocation Guidelines: All requests for room rearrangement or the allocation of indoor and outdoor space must adhere to the "Yavapai College Space Utilization Guidelines", website <https://www.yc.edu/v6/facilities/>

Return completed & approved form to facilities@yc.edu

Facilities Phone: 928-776-2180

Level 1: No remodeling required

Level 2: Space requires facelift: paint, carpet, whiteboards, etc.

Level 3: Space needs furniture and special equipment plus item 2 above

Level 4: Space needs significant modifications: demolition, new walls, heating & cooling upgrades, electrical & fire alarm alterations, ITS improvements, etc. plus items in 2 & 3 above

Level 5: Space needs sophisticated improvements: explosion proof wiring, fume hoods, specialized laboratory ventilation, laboratory casework, acid-resistant plumbing, humidity control, etc. plus items in 2, 3 & 4 above

Level 6: Space needs immediate renovation relating to Life Safety

Part I: Requester Information

Name: _____	Department: _____	Date: _____
Phone: _____	Email: _____	Location: _____

Part II: Request Type

1. Occupants: Faculty _____ Staff _____ Students _____ Non-College _____
2. Basic Description (examples below): _____ Office Move(s) Computer/Phone Move Furniture Rearrangement Change room use New Furniture Need New Equipment Need New Space Request Hang Whiteboard
3. Budget - Source of funds & projected budget numbers to support this request including all remodeling costs, equipment and furniture. (capital, grant, department funds). FOAP _____ Est Cost _____

Part III: Space Use Summary List all requested spaces involved along with an in-depth explanation of intended use. List any requirements of requested space such as location, access, equipment and adjacencies. Include any vacated space due to request.

Part IV: Required Approvals Upon review of this request for allocation of space, I certify that this request supports the vision, goals, and mission of the Department/Unit or the College/Division. VP signature required for levels 4, 5 & 6

1. Name of Division Dean/Director: _____ Date: _____ Signature: _____
2. Name of Facilities Director: <u>David Laurence</u> _____ Date: _____ Signature: _____
3. Name of Vice-President: _____ Date: _____ Signature: _____