



Facilities Management

Space Planning and Utilization

• REQUEST FOR SPACE CHANGE

Name: _____ Date: _____
Last First

Dept: _____
Campus Mailing Address

Phone: _____ Email _____

1. Type of Space Requested

- New Assigned Space
- Temporary Space Use
- Space Utilization Assessment
- Storage

2. Requested Temporary Space Move (Estimated amount of days needed for space utilization) _____

3. Estimated Square Footage Needed _____

4. If physical alterations is requested, are funds available from your department to cover expenses?

- YES
- NO
- Maybe (cost dependent)

5. Briefly describe space request

Signatures and Approvals

- *Approval of signature may not be delegated*
- *Submittal of this signed request form initiates Facilities Management to assess the utilization of space and does not imply approval of the request*

Signature: _____ Date: _____

Dean / Associate VP _____ Date: _____

Provost / Senior VP _____ Date: _____

- *Email or mail completed form to FSCCPA@EKU.EDU CPO 6 Gentry Building*