

**Space Committee Request Form**

**Change in Space Use or Allocation**

Complete and submit this form to your Space Committee representative for requests of changes in current space usage or allocation, including but not limited to a change of designation, change in function, or reconfiguration. For a list of Space Committee Representatives, please see: <http://www.sandiego.edu/space/committee/>.

Attach additional sheets, as necessary, in order to fully explain what is being requested, to provide justification to support the request, and to indicate the duration of the requested change. In particular, if the change is to assignment or allocation, please indicate whether the current designated occupant of the space supports the request. The Space Committee Representative will review the request and bring it to the Space Committee.

The Space Committee will consider all requests within the context of the University's "[Principles for Space Allocation](http://www.sandiego.edu/space/guidelines/allocating.php)". The requestor will be notified of the final determination. The bottom of this form will be used to update the space record in the Facilities Maintenance Management System (TMA).

**Space Location (be as specific as possible):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted by (Name & Department):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Space Committee Representative (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Space Committee Representative (Signature):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_

1. Provide a description of the requested change and justification for the request
2. Is this change intended to be permanent or temporary (if temporary, for how long?)?

**Facilities Management Data Entry to TMA**

Input by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe change in TMA:**

**Space Committee Approval**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explanation of Action:**