# REQUEST FOR CHANGE IN SPACE ALLOCATION

## SAN JOSÉ STATE UNIVERSITY

To be forwarded by the President or Vice President in charge of the area requesting space to: Space Manager - zip 0010

<table>
<thead>
<tr>
<th>Unit requesting change:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Contact person:</td>
<td></td>
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<tr>
<td>Phone number:</td>
<td>Fax:</td>
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## REQUESTED SPACE:

Please provide the following information:

- **A.** What functions or staff are not accommodated?
- **B.** In what way is the space now assigned (if any) for those functions or staff inadequate?
- **C.** What space requirements are there for the new space? (e.g. location, visibility, access, adjacencies?)
- **D.** What amount of increased FTEs will the space generate?
- **E.** Must the additional space be on campus?
- **F.** What is the funding source and budget to renovate or restructure the space requested?

## PRESENT USE OF SPACE:

1. Attach a copy of the most recent space database printout, or identify room numbers you presently use for your program, for your area.
   - **A.** Review the space “use” column and note any changes.
   - **B.** Highlight the rooms that are being impacted by your request for space.
   - **C.** On a separate sheet, list each impacted room and provide the following information.
     1. **Room Number**
     2. **Occupant(s) of the room and job category** (for space allocation purposes)
        - a) Administrative Head (e.g. director, program coordinator, supervisor)
        - b) Professional Administration (e.g. analyst, counselor, special assistant)
        - c) Administrative support (e.g. administrative specialist)
        - d) Student Assistant
        - e) Other
     3. Special equipment or functions other than those implied by the standard space needed by employees listed above (e.g. student work stations, greater-than-normal need for storage space, waiting areas for students, conference rooms)

Signature of dean or manager: ____________________________________________________________________

*(signature of manager having space management responsibilities indicates accuracy of information and concurrence with request)*

Signature of President or Vice President: ____________________________________________________________________

- [ ] Forwarded without comment - Space Allocation Management Committee please review and recommend.
- [ ] Comments attached.