

Space Request / Notification Form

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| **CONTACT INFORMATION** |
| Name:First & Last Name | Email:jon.doe@mso.umt.edu | Phone:Ext. XXXX |
| Date:Click to enter a date | Department:Department Name | Index:Department Index # |

*\*Index will be used if a work order is required.*

*\*As vacancies are found / announced, Facilities will be accessing rooms for maintenance needs.*

*\*\*Please anticipate 3-4 weeks for all services.*

REQUEST IS FOR:

[ ]  Add new occupant to existing space

[ ]  Swap existing space within department

[ ]  Swap existing space with another department / school / college / unit

[ ]  Change occupancy type of existing space

[ ]  New / additional on-campus space

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| **REASON FOR THE REQUEST** |
| Click here to enter text. |

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| **OCCUPANT UPDATE** |
| Changes from:First & Last Name | Bldg:Building | Room #:RM # | Department/Unit/Program Name:Department Name |
| Changes to:First & Last Name | Bldg:Building | Room #:RM # | Department/Unit/Program Name:Department Name |

Department Note: Has the previous occupant returned the room key to UMPD? Yes [ ]  No [ ]

*\*Per policy, keys must be approved / checked out from the UMPD office and cannot be passed between occupants.*

*\*\*Please be advised that a fee will be assessed and charged to the department index if keys have not been returned within 30 days of an occupant vacating a room.*

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| **SIGNATURE AUTHORIZATION** |
| Requestor (required):First Name / Last Name / Title | Comments: Click here to enter text.  |
| Department Chair / Manager (required):First Name / Last Name / Title | Approved [ ]  Disapproved [ ]  Date: DateComments: Click here to enter text.  |
| Director / Dean / AVP (required):First Name / Last Name / Title | Approved [ ]  Disapproved [ ]  Date: DateComments: Click here to enter text.  |
| Facilities Space Management (required):First Name / Last Name / Title | Approved [ ]  Disapproved [ ]  Date: DateComments: Click here to enter text.  |
| VP / President’s Office (when necessary):First Name / Last Name / Title | Approved [ ]  Disapproved [ ]  Date: DateComments: Click here to enter text.  |

Requestor to forward a copy of this form to the Department Chair/Manager & Director/Dean/AVP for approval. Once approved, please send to space.management@mso.umt.edu for approval.

*\*All inquiries will be reviewed by the Space Management Team. They will be shared with the Space Management Committee and/or President’s Office for review, as required.*