

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: Date  Comments: Click here to enter text. |
| Director / Dean / AVP (required):  First Name / Last Name / Title | Approved  Disapproved  Date: Date  Comments: Click here to enter text. |
| Facilities Space Management (required):  First Name / Last Name / Title | Approved  Disapproved  Date: Date  Comments: Click here to enter text. |
| VP / President’s Office (when necessary):  First Name / Last Name / Title | Approved  Disapproved  Date: Date  Comments: 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](mailto: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.*