



FPPO Use Only:
 Space Move
 Space Renovation

FACULTY/STAFF PERMANENT SPACE REASSIGNMENT REQUEST FORM

Note: Requests for student space needs to come from appropriate division administrator.

SECTION I – Request for Room/Space (*Track-It Work Order must be submitted in addition to this form*) Work Order #: _____

Date of Request: _____ Building / Facility: _____ Room: _____

Date(s) of Room/Space Needed: _____

Reason: _____

Who currently owns/occupies the space?: _____

Requesting Department: _____ Requestor Name: _____ Ext. _____

Requestor: _____ Approval to Request Estimate: _____

Requestor Signature _____ Date _____ Requesting Program Chair/Dean & Manager _____ Date _____

Requesting Non-Instructional Manager _____ Date _____

Requestor to Complete Section I submit to Program Chair/Dean

SECTION II – FP&PO Review

Comment/Potential Work Needed: _____

Estimated Total Project Cost: \$ _____ Estimate Effective Until: _____ Estimated Project Duration: _____

IT Needs/Cost/Timeline: _____

Required Approvals: (all checked boxes require approval in sections III and IV in order to proceed)

Requesting Division Facilities & Planning Committee Board Cabinet CPC

FP&PO Approval: _____ FP&PO Approval: _____

Help Desk Signature _____ Date _____ Director of FP&PO Signature _____ Date _____

FP&PO to Complete Section II and Forward to the Requesting Administrator for Approval

SECTION III –Requesting Division to Cabinet for Review

Are funds available to support this project? Yes Budget # _____ Funding Available: \$ _____
 No

Astra changes as a result of this project?: _____

Acknowledgement of Cost (as per Section II above):

Requesting Dept. Administrator Signature _____ Date _____

SECTION IV –Required Approval

Board Approval Date: _____ Cabinet Approval Date: _____ CPC Approval Date: _____

(If Required)

Return to FPPO to authorize work or to requesting department with explanation of denial.