



SPACE ASSIGNMENT FORM

To: Dr. Lisa Dresdner
Dean Dana Elm

Date: _____

From: _____

Space requested (bldg. & rm #): _____

Date required: _____

Currently occupied by (name): _____

Space requested for (name): _____

Employee's current location: _____

Rationale for moving: _____

Requirements

Notes / Details / Description

- Storage / cabinets? Yes No _____
- Telephone lines / network? Yes No _____
- IT / data network? Yes No _____
- Painting? Yes No _____
- Furniture moving? Yes No _____
- Carpet / floor cleaning Yes No _____
- Signage? Yes No _____
- Key(s)? Yes No _____
- Other renovations? Yes No _____

Approval

Dean of Administration Recommended Not recommended
Signature _____ Date: _____

Chief Executive Officer Approved Not approved
Signature _____ Date: _____

Once this request is approved, it is the requestor's responsibility to coordinate services with Maintenance, IT, and any other department involved in fulfilling the move.