



Space Assignment Request Form

This form is for requests for space assignments that will be for a year or longer. Please print and complete this form, and present it to your Department Chair/Director and College Dean or Vice President for their approval and signature prior to submitting to FSCPP. Forms should be returned to us at inspaces@lehigh.edu or sent to the Logistics Coordinator at FSCPP via Campus Mail. If you have questions about these procedures, please contact Facilities at 610-758-5310.

Requestor Information

Requester Name: \_\_\_\_\_ Title: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Dept.: \_\_\_\_\_
Email: \_\_\_\_\_

Project/Space Information

Type of Request:

- Start date for space requests
End date, if applicable
Request for additional space
Request for space reassignment or change of function
Request for creation or reuse of vacant space

Project Description: Briefly describe the space needed (e.g. type, functions, size, users, location, etc.)

Blank lines for project description

How long will the space be occupied?

- Long-term or permanent space assignment
Short-term space assignment (specify; if less than one year, fill out Temporary Space Form)

Explain inadequacy of current space and efforts to utilize current space allocation for this project.

Blank lines for explaining inadequacy

Will any existing space be vacated? If so, please describe space and any furnishings/equipment no longer needed.

Blank lines for vacated space description

Has funding been approved for this project?

- Yes (please provide Index Account Number)
No. If not, why not?

Desired Completion Date: \_\_\_\_\_

AUTHORIZING SIGNATURES:

Department Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or Vice President : \_\_\_\_\_ Date: \_\_\_\_\_

FSCPP: \_\_\_\_\_ Date: \_\_\_\_\_

