

URMC Space Request Instructions

URMC Space Planning works to manage and utilize space in a systematic, purposeful manner that optimizes resources and advances the mission and strategic priorities of the University. Circumstances that require submission of a space request form include:

- Relocation request
- Change in department footprint (i.e., expansion, contraction, or reorganization)
- Change in room use (i.e., office to exam, lab to office, etc.)
- New program or acquisition

When requesting incremental space, the expectation is that the department has exhausted all options within departmental boundaries, considering strategies such as office sharing based on role and time spent in the office, furniture reconfigurations, hoteling, remote work, etc. If needs cannot be met within existing space, departments are required to submit a formal space request. **Space requests must be submitted by the Program Administrator or Sr. Department Administrator.**

It is important to complete and submit this form as soon as you are aware of a space need, even if you do not have full details. Depending on size and type of need, and whether the identified solution will require renovations, etc., this process could take several months.

Required Information:

- Date by which space is needed (i.e., estimated new hire arrival date, etc.)
- All items under Department Detail, especially **electronic Chair/Department Head signature**
- Items under Request Detail including questions related to capital funding, type of space needed, and detailed explanation and justification of request.
- **Leadership authorization:** does not guarantee funding or implementation; this approval allows Space Planning to evaluate the request and develop potential solutions. **Please note the following:**

- **Ambulatory clinic space:** Please disregard Company and send form directly to the *Sr. Director, Ambulatory Care (with copy to Space Planning inbox)* for initial review. The appropriate divisional leadership will be copied on the response to the request.
- **Acquisitions:** Please disregard Company and send form directly to the *Sr. Director, Business Development (with copy to Space Planning inbox)*.

Company / Type of Request	Leadership Authorization
CM040 SMD	Sr. Associate Dean, Finance & Operations Associate Dean, Sr. Director of Operations
CM050 SMH	Chief Operating Officer
CM060 SON	Associate Dean, Finance & Operations
CM090 HSD	Sr. Director, Medical Center Finance
CM091 MFG	Chief Operating Officer
CM092 EIOH	Chief Financial Officer
Affiliate	Exec. Director, Space Planning & Real Estate Services
Acquisition	Sr. Director, Business Development
Ambulatory Space	Sr. Director, Ambulatory Care

To allow Space Planning to move forward with your request, you must do the following:

- 1) Complete Space Request form
- 2) **Obtain electronic signature of Chair/Department Head** (please do not print, sign, and scan)
- 3) Email signed form and any applicable attachments **to Leadership for authorization, with a copy to Space Planning at SpacePlanning@urmc.rochester.edu**. Leadership must reply indicating whether or not they support proceeding with evaluation of the request.
- 4) Once support for the request has been received from Leadership, Space Planning will begin evaluation of the request. The assigned Space Planner will contact you to discuss next steps.

If you have any questions, please contact Space Planning at SpacePlanning@urmc.rochester.edu.

<i>Space Planning to complete this section</i>	
Space Request Number	
Date Received	

University of Rochester Medical Center SPACE REQUEST FORM

Submission Date _____

Date space is needed _____

DEPARTMENT DETAIL	
Department	Medical Center Company (Choose all that apply)
Program Admin./Sr. Dept Admin.	<input type="checkbox"/> SMD <input type="checkbox"/> SMH <input type="checkbox"/> SON <input type="checkbox"/> EIOH <input type="checkbox"/> HSD <input type="checkbox"/> URMFG <input type="checkbox"/> AFFILIATE <input type="checkbox"/> OTHER (describe below)
Chair/Dept Head Name	If other: _____
<i>electronic Chair/Dept Head signature required</i>	

REQUEST DETAIL	
Current location	Desired location
	<input type="checkbox"/> Medical Center <input type="checkbox"/> Off site
Request is for <input type="checkbox"/> Assigned space <input type="checkbox"/> Temporary space	If temporary, date needed until? _____
Was this request submitted for capital funding?	FY? _____
Has the capital request been approved?	FY? _____
Are you requesting emergency capital or will you be submitting a capital request?	
Is this space contingent on grant funding?	
Type of space required, choose all that apply	
<input type="checkbox"/> Office <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical <input type="checkbox"/> Ambulatory Clinic Acquisition <input type="checkbox"/> Storage <input type="checkbox"/> Conference <input type="checkbox"/> Other (describe)	
Describe reason for request	
What is the strategic value of this investment?	
Provide details of the request (i.e. number of staff, position titles, special requirements, etc.)	

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The form must be electronically signed and emailed to allow for processing.