

URMC Space Request Instructions and Form

URMC works to manage and utilize space in a systematic, purposeful manner that optimizes resources and advances the mission and strategic priorities of the University.

Requirements for additional space should first be addressed within current departmental boundaries. If needs cannot be met within existing space, departments are required to submit a formal space request via the attached Space Request Form. This form is designed to capture a wide range of space requests; all fields may not be relevant to your request. Complete the fields that apply to your situation, providing a level of detail you believe will most clearly describe the situation and need.

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. Dependent on size and type of need, and whether the identified solution will require renovations, etc., this process could take several months.

Required Information:

- Department name
- Department contact person(s)
- Specific function for which the space will be used
- Date space is needed by (e.g. estimated new hire arrival date, etc.)
- Desired size / square footage if known
- Desired location
- Detailed description of your space needs including
 - Reason for request (e.g. incremental staff, incremental grant funding etc.)
 - Position Titles and Quantity of need
- **Chair/Department Head authorization**
- **Divisional Leadership authorization**

Once approved by Chair/Department Head, send completed Space Request Form(s), to your Hospital Director or Dean for authorization. Then send completed Space Request Form(s), with appropriate approvals and attachments, to Space Planning (Box 706, SpacePlanning@urmc.rochester.edu).

Each request is entered into the Space Request database and assigned an official space request number. Requests are reviewed by the AVP of Space Planning. Space Planning presents the information to the appropriate Medical Center Space Committee for final review, endorsement and comment, if warranted. Approved requests are evaluated for on- vs. off-campus solutions, and Space Planners / Project Managers are assigned accordingly. The assigned Space Planner will contact you to discuss next steps.

If you have any questions, please contact Space Planning at 585-275-4037.

Space Request Number: _____ (# entered by Space Planning)

Date Received: (Space Planning enters) ___/___/___

Committee Review Date(s): (Space Planning enters) ___/___/___

ON-SITE _____ OFF-SITE _____

University of Rochester Medical Center SPACE REQUEST FORM

Department: _____

Requested by: _____

Chair/Dept. Head: _____

Must be signed here by Chair/Dept Head and/or included in email distribution, if request is submitted electronically.

Medical Center Company:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> SMD | <input type="checkbox"/> SON |
| <input type="checkbox"/> SMH | <input type="checkbox"/> EIOH |
| <input type="checkbox"/> HSD | <input type="checkbox"/> URMFG |
| <input type="checkbox"/> Affiliates | |
| <input type="checkbox"/> Other _____ | |

Function of Space/Area requested:

- | | | |
|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Office | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Clinical | <input type="checkbox"/> Other: _____ |

Space Needed By ___/___/___

Size of Area Requested if you know this _____ (nsf)

Desired Location/Relocation: _____

Request is for:

- Temporary Space until: _____ / _____ / _____
- Assigned Space
- Space Contingent on Grant Funding

Detailed Purpose / Background (indicate quantity of need, position title, bench quantity, etc.):

Location of Present Area for this Program: _____

If Off-site, Lease funded by: _____

**Forward this form and any applicable attachments to your Hospital Director or Dean, with a copy to:
SpacePlanning@urmc.rochester.edu or Box 706.**

To be completed by Space Planning

Utilization/Productivity: Current: _____

Projected: _____

Space Committee Action: _____

Letter/Email Sent: _____