

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

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 should be submitted by a 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 **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.
- **Divisional Leadership authorization:** does not guarantee funding or implementation; this approval allows Space Planning to evaluate the request and develop potential solutions.

Company	Divisional Leadership
CM40 SMD	Sr. Associate Dean, Finance & Operations
	Associate Dean, Sr. Director of Operations
CM50 SMH	Chief Operating Officer
CM60 SON	Sr. Associate Dean, Finance & Operations
CM90 HSD	Sr. Director, Medical Center Finance
CM91 MFG	Chief Operating Officer
CM92 EIOH	Chief Financial Officer
Affiliate	Executive Director, Space Planning & Real Estate Services

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

- 1) Complete Space Request form
- 2) **Obtain signature of Chair/Department Head**
- 3) Email signed form and any applicable attachments **to your Divisional Leadership for authorization, with a copy to Space Planning at SpacePlanning@urmc.rochester.edu.**
- 4) Once support for the request has been received from your Divisional Leadership, Space Planning will begin evaluation of the request. The assigned Space Planner will contact you to discuss next steps. If warranted, proposed solutions are presented to the appropriate Medical Center Space Committee for final review, endorsement, and comment.

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	
<i>Chair/Dept Head Signature required</i>	
If other:	

REQUEST DETAIL	
Current location	Desired location
<input type="checkbox"/> On site <input type="checkbox"/> Off site	<input type="checkbox"/> On site <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 <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?	
Indicate quantity of need(s) and position title(s)	
<p><i>Email signed form and any applicable attachments to your Divisional Leadership, with a copy to: SpacePlanning@urmc.rochester.edu</i></p>	