

Space Management Integration Group Space Request & Modification Form: Non-Research Request for Space or Modifications

This Space Request & Modification Form is required to start the process of requesting additional space outside of the space currently allocated to your academic unit or department, and/or requesting to modify allocated space per the definitions below.

Space is an incredibly valuable asset and requests require thorough review before allocating or making modifications. This process ensures MCW avoids excessive renovations and relocations, while also ensuring regulatory requirements (building code, safety, etc) are reviewed as part of the process.

This is defined as:

- 1. Changing the allocated (controlling) organization

 Examples: Requesting new space, vacating space, or changing the controlling organization in SIMS
- 2. Changing the designed use of a space, either through renovation or other means Examples: Office to lab, conference room to office, wall relocation, entry/egress changes, etc
- 3. Changing the long term primary use (mission) of the space Examples: Education to clinical, clinical to research, etc

Please submit signed forms to the Planning, Design, & Construction office at pdc@mcw.edu.

This Form is not required to make space assignments within previously allocated space or to use space as designed and intended. This form is also not required to request minor repairs, furniture modifications, or request other services. For those purposes please submit a Facilities Service Order (FSO). https://infoscope.mcw.edu/FEM/FSO-Access.htm

Requester Information:

Title of Request:	
Date:	
Name:	
Title:	
Organization:	
Phone:	
E-mail:	

1. Provide request background, summary of need, and any other pertinent details for review.
1a) Briefly describe the reason your department is making this request (hybrid work model, new hires, etc).
1b) How does the currently allocated space not meet current or projected needs?
1c) How does this request relate to the MCW mission and/or other stated MCW priorities?

SMIG: Space Request Form Last Updated: 05/03/2023

2. Provide Space Needs & Existing Space Utilization

2a) Attach current SIMS Space Occupancy Reports in the form of:

A. Office Occupancy Plan: Ad Hoc Space Plan Report

Please make sure that all of the space information is up to date and justifies this request prior to submitting. Contact the Planning, Design, and Construction Office should you need assistance (pdc@mcw.edu).

2b) Summary of Net New People to Accommodate in Request:

Job Groups Accommodated	Workstyle A	Workstyle B	Workstyle C	Workstyle D	Total
Description	typ. onsite or in office space >40%	typ. hybrid or in office space <40%	typ. hybrid or in office space <20%	typ. virtual or in office space <5%	N/A
Executive					
Faculty					
Director					
Administrative					
Visting/Adjunct Faculty					
Residents, Lab Staff, and Students					
Total					

2c) Total People to Accommodate in the Contiguous Space Associated with this Request (incl. net new):

lob Groups Accommodated	Workstyle A	Workstyle B	Workstyle C	Workstyle D	Total
Description	typ. onsite or in office space >40%	typ. hybrid or in office space <40%	typ. hybrid or in office space <20%	typ. virtual or in office space <5%	N/A
Executive					
Faculty					
Director					
Administrative					
Visting/Adjunct Faculty					
Residents, Lab Staff, and Students					
Total					

Notes:

Department Chairs, Center/Institute Directors and Deans provided Executive Offices where able. Division Chiefs provided 1:1 Standard Offices regardless of Workstyle for organizational purposes. Administrators provided Standard Office where able as approved Administrative exception.

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2d)	Summary	of	Current	and	Req	uested	Space:
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Existing Spaces (Count of Seats)	Additional Spaces Requested	Notes:
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Other Space Types (Category/Type Codes)	Existing Spaces (Count of Spaces)	Additional Spaces Requested	Notes:
Total			

Funding Information (please describe funding mechanism as departmental with line of accounting, retained earnings, other departmental, external, request to be considered for next FY capital plan, etc):

Requester:	Allocated Dept Chair or Director:
Name:	Name:
Signature:	Signature:

Date: Date:

Reviewers:

Assigned Dept Chair or Director: Associate Dean / Assistant Provost for Mission:

Name: Name: Signature: Signature: Date: Date: