

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

This Space Request & Modification Form is required to start the process of requesting additional research space outside of the space currently allocated to your academic unit or department, and/or requesting to modify allocated research 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, Lab to Office, Wall Relocation, Entry/Egress Changes, etc
- 3. Changing the long term primary use (mission) of the space Examples: Research to education, clinical to education, etc

Please submit signed forms to the Planning, Design, & Construction office at <a href="mailto:pdc@mcw.edu">pdc@mcw.edu</a>.

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). <a href="https://infoscope.mcw.edu/FEM/FSO-Access.htm">https://infoscope.mcw.edu/FEM/FSO-Access.htm</a>

## 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 (increased grant activity, 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 prioritie

### 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
- B. Principal Investigator Assignment 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.

SMIG: Research Space Request Form

Last Updated: 05/03/2023

# 2d) Summary of Current and Requested Space:

\$расе Туре	Existing Spaces	Additional Spaces	Notes:
(Category/Type Codes)	(Rooms or Lab Bays)	Requested	
Wet Research Laboratory (250)			
Wet Research Laboratory Support (250)			
Special Use Clinic Space (540)			
Special Use Clinic Support Space (545)			
Conference Rooms(s)			
Total			
Workspaces (Category/Type Codes)	Existing Spaces (Count of Seats)	Additional Spaces Requested	Notes:
Laboratory Workspace (205)		·	
Enclosed Offices (310.10/15)			
Open Workstations (310.20)			
Bench Seats (310.30)			
Reception (310.40)			
Conference Rooms(s)			
Total			
Other Space Types (Category/Type Codes)	Existing Spaces (Count of Spaces)	Additional Spaces Requested	Notes:
Total			

Research Specific Questions ( <u>Biological Safety Definitions</u> ):					
Radioactive Material Used?	Yes	No			
Animals Used?	Yes	No			
Animals Housed in the Space?	Yes	No			
Biosafety (BSL) requirements, HIPPA requirements, and other existing lab certifications:					
Relocated institutional core shared services/equi	pment:				
Information Systems beyond that typical to labora	atories (dedica	ated servers, special connectivity, etc):			
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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):					
Reviewers:					
Requester: Name:	Alloca Name	ated Dept Chair or Director:			
Signature: Date:	Signa Date:	ture:			
Assigned Dept Chair or Director:	Asso	ciate Dean / Assistant Provost for Research:			
Name: Signature:	Name Signa	e:			
Date:	Date:				

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