

## LAMAR STATE COLLEGE ORANGE SPACE USE CHANGE REQUEST FORM

**Instructions:** This form is to be completed by any employee requesting to move or acquire a new space on campus or to change the use of a currently occupied space. This process is necessary to optimize efficient allocation and utilization of campus resources, and to maintain accurate records of space use for THECB reporting purposes. **Section I** should contain the contact information for the individual who will be moving, acquiring, or changing space. If you are requesting to move or acquire additional new space, please fill in **Section II**; if you would like to change the use of a space you are currently occupying, please fill in **Section III**.

**\*\*Please complete the form electronically then obtain all required signatures PRIOR to initiating space use change. Please contact LSCO OIRE for any questions.**

I. CONTACT INFORMATION	
Name:	Date:
Department:	
Job Title:	
Phone:	Email:
II. REQUEST FOR NEW SPACE	
<b>A.</b> Please indicate the nature of your request: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Moving from one space to another</span> <span><input type="checkbox"/> Requesting additional new space</span> </div>	
<b>B.</b> For your current space, please identify the building and room number, and describe current usage.	
<b>C.</b> For desired new space, please identify the building and room number, and describe <i>current</i> usage.	
<b>D.</b> New space will be used for: <div style="margin-top: 10px;"> <input type="checkbox"/> Instruction                <input type="checkbox"/> Administration                <input type="checkbox"/> Storage                <input type="checkbox"/> Support                <input type="checkbox"/> Other (please specify):           </div>	
<b>E.</b> If moving, old space will be used for: <div style="margin-top: 10px;"> <input type="checkbox"/> Instruction                <input type="checkbox"/> Administration                <input type="checkbox"/> Storage                <input type="checkbox"/> Support                <input type="checkbox"/> Other (please specify):           </div>	
<b>F.</b> Please describe why this change is necessary.	

**G.** List all technological devices and physical equipment (chairs, tables, filing cabinets, etc.) that will need to be moved or added to the new space.

**H.** Please contact the Physical Plant Director to discuss the nature of your request, including any moving of furniture or equipment that may be involved.

Please specify the date on which you contacted this individual:

Did he indicate approval of your request?  Yes  No

**I.** Anticipated date of requested space use change:

**III. REQUEST TO CHANGE USE OF CURRENTLY OCCUPIED SPACE**

Building and Room Number:

Current Room Type:

Requested Room Type Change:

Justification for Change:

**IV. REQUIRED SIGNATURES**

Direct Supervisor:

Date:

SIGN HERE

Comments:

Director of Physical Plant:

Date:

SIGN HERE

Comments:

Vice President of Finance and Operations (CFO):

Date:

SIGN HERE

Comments:

Director of Institutional Research and Effectiveness:

Date:

SIGN HERE

Comments:

**Submit completed request with all required signatures to the Director of Institutional Research and Effectiveness via email (Hunter.Keeney@lsco.edu).**