

**Request for Off-Campus Leased Space
NEW Requirement**

In order to initiate a request for off-campus leased space, this form must be complete in its entirety.

DEPARTMENT INFORMATION

Department Name: _____

Contact Person and Title: _____

Phone: _____ **Email:** _____

SPACE REQUESTED

Square Footage (*if unknown, please identify how many offices, cubes, etc.*): _____

Date Space Needed: _____

Purpose/Use (*i.e., medical, office, classroom*): _____

Desired Location (*i.e., Alhambra, Downtown, Pasadena*): _____

Term (# Years): _____

Parking Requirements: Staff: _____ **Visitors:** _____

BUDGET

Maximum Monthly Budget: \$ _____

Funding Source (*i.e., Hospital, Keck, Practice Plan, Grant*): _____

Special Requirements (*i.e., signage, after-hours air, exam rooms/sinks, expansion needs*): _____

APPROVALS

School/Department Approval

By: _____

Program / Department Director

By: _____

Department Senior Business Officer

Space Planning Committee Approval:

By: _____

Dated: _____

Dated: _____