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: ________________________________