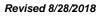
YaleForm 1800 FR.01YaleYale Central Space Request



Instructions:	Please complete this form when (1) new space, (2) additional space, (3) temporary space, or (4) lease renewal is required for central units.				
	For Patient Care space, please use Form 1800 FR.02 Yale Medicine Clinical Space Request.				
	For Medical Research and Administrative space, please use <u>Form 1800 FR.03</u> Yale School of Medicine Research/ Administrative Space Request.				
	Please forward completed forms to susan.cascio@yale.edu.				
	Requester Information				
Department:					
Section:	Program:				
Requested by:	Phone #:				

Departmental Approvals (Signatures)			
Chairperson: Date:			
Administrator: Date:			

	Program Status	(Occupancy Type
□ 1. Relocation	3. New Program	□ 1. Research	\Box 4. Other; please specify:
2. Expansion	□ 4. Renewal	□ 2. Administrative	
		□ 3. Storage	

Occupied Space (only required for lease renewal)
If this request is for a renewal, please indicate below the location of the space being renewed.

Vacated Space (<i>not</i> required for lease renewal)			
Will any existing, assigned space be vacated by this request? □ Yes □ No □			
If yes, what is the proposed use of the vacated space?			

Reason for Space Request

New Space Requirements			
Number of offices:		Least term:	(number of years)
Number of workstations:			(number of months)
Proposed occupancy date:		Proposed end date:	

Required Adjacency Relationships		
Required Hours of Operation		

Weekends?

□ Yes □ No

Special Requirements	(<i>not</i> required for lease renewal) (reference room types)
	(<u></u>	, (

	List any non-standard or unique requirements, if known at this time. (not required for lease renewal)			
Room finishes:		Plumbing:		
Data and phone:		Special equipment:		
Mechanical:		Storage:		
Electrical:		Other:		

Preferred Space (not required for lease renewal)		
If there is a preference for a specific space, please indicate that below:		

Funding Sources / Grant Information		
Sponsored Awards (Grants, Contracts, etc.):		
Departmental Funds:		
Other (please specify):		

Sponsored Award Information								
PI Name	Sponsor	Award Status (active, pending)	Award Start Date	Award End Date	Yale Award Number	Sponsor Award Number		

Departmental Funds				
Account Owner Name Charging Instructions				

Other Funds				
Account Owner Name	Charging Instructions			

Space Purpose Information – Occupancy Data				
Space Purpose:	% of Space			
Research				
Administrative / Storage				
Other				

* The following Approval is obtained by University Properties only after review of the above information. *				
Approval (Signature)				
Provost's Office:		Date:		