



Form 1800 FR.01
Yale Central Space Request

Revised 8/28/2018

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 [Form 1800 FR.03 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	
<input type="checkbox"/> 1. Relocation	<input type="checkbox"/> 3. New Program	<input type="checkbox"/> 1. Research	<input type="checkbox"/> 4. Other; please specify:
<input type="checkbox"/> 2. Expansion	<input type="checkbox"/> 4. Renewal	<input type="checkbox"/> 2. Administrative	_____
		<input type="checkbox"/> 3. Storage	

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

Vacated Space (<u>not</u> required for lease renewal)	
Will any existing, assigned space be vacated by this request?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Requirements (*not* required for lease renewal) (reference room types)

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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:

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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:	
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