



Form 1800 FR.02
Yale Medicine Clinical 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 clinical space.
 For Central space, please use [Form 1800 FR.01 Yale Central 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 Location and Type	
<input type="checkbox"/> 1. Relocation	<input type="checkbox"/> 3. New Program	<input type="checkbox"/> 1. New Haven Clinic	<input type="checkbox"/> 4. Onboarded Practice
<input type="checkbox"/> 2. Expansion	<input type="checkbox"/> 4. Renewal	<input type="checkbox"/> 2. Community Clinic	<input type="checkbox"/> 5. Other; please specify: _____
		<input type="checkbox"/> 3. Session Space	

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

Requirements			
For Leased Space		For Session Space	
Approximate amount of space needed (interior dimension square feet):		Days of the week:	
Number of occupants to be accommodated:		Times of day (a.m./p.m./both):	
Proposed occupancy date:		Paramedical staff required:	
Duration: Long-term (more than 2 years): _____ (number of years)	Short-term (1 – 2 years): _____ (number of months)	Number of rooms:	
		Number of sessions per month:	

Required Adjacency Relationships

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 Approvals are obtained by University Properties only after review of the above information. *			
Approvals (Signatures)			
Yale Medicine, Chief of Network Strategy:		Date:	
Yale Medicine, Chief Financial Officer:		Date:	
Yale Medicine, Chief Operating Officer:		Date:	