Yale

Form 1800 FR.03

Yale Medicine Research/Administrative Space Request

Revised 5/4/2018

Instructions: ***Please complete this form when (1) new space, (2) additional space, (3) temporary space, or (4) lease renewal is required for medical research/administrative space.***

For Central space, please use Form 1800 FR.01 ***Yale Central Space Request.***

For Clinical space, please use Form 1800 FR.02 ***Yale Medicine Clinical 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	☐ 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 (***not*** 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 (***not*** required for lease renewal) (reference room types)			
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 Approvals are obtained by University Properties only after review of the above information. ***			
Approvals (Signatures)			
Director of Capital University Planning:		**Date:**	
Deputy Dean, YSM Finance & Administration:		**Date:**	