

JABSOM Research Space Request Form

Faculty should complete this form to request additional research space. Signature of Department Chair is required.
Please email completed form to nkfoster@hawaii.edu.

Date of Request:

A. Requesting Department

Faculty Member Requesting Space	Title
Department/Unit	
Contact Person: <i>Name</i> <i>Email</i> <i>Phone Number</i>	

B. Space Use

1. New faculty:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, start date:
2. Existing faculty:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, current PI total square footage:
3. Space utilization:	<input type="checkbox"/> Research space for extramural funded projects <input type="checkbox"/> Research space for non-extramural funded projects, but important to JABSOM's academic mission	

C. Space Requirements

1. Start date:
Determining factor for start date:
2. Length of time needed:
3. Type and quantity of space needed: <input type="checkbox"/> Office space: <input type="checkbox"/> Laboratory space: <input type="checkbox"/> Other (i.e. storage, shared space, etc.):

For the following sections D. – G., attach additional supporting information if needed.

D. Description

Please describe the type of space and location of space requested. Include the name of the department, program, and/or project, and person who will be using the space.

1. Approximate total square footage needed:
 2. Is the space already occupied? Yes No If Yes, by whom:
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E. Justification

Please state the justification for needing the space. Include a description of why current space is insufficient or inadequate.

F. Special Requirements

Please describe any requirements of this space. This may include proximity to other resources, offices, or labs. Indicate if there is a particular space that is requested or best suited for this request.

G. Funding Source(s)

Please describe the source of funds for justification of this space, any additional funding available that may be used for related expenses, i.e. moving costs, furniture, renovation costs, etc.

H. Signature(s)

Requesting Faculty _____	Date _____
Chair of Department _____	Date _____
