



Submitting: when completed and saved, email a copy to faylawnda.truman@lifewayscmh.org

SPACE UTILIZATION REQUEST FORM

Date of Request _____ Date space is needed _____

Contact Person for Request _____ Phone Extension _____

Team the space is for _____

1)

2) Reason for Request (check all that apply)

___ New employee: _____ new position OR this is an employee replacing current employee
(position title) _____

___ Temporary employee:
(position title)

Other (please explain)

Amount, type and description of space (please attach rough drawing if necessary)

Employee must discuss request with Supervisor (Leadership level). Supervisor’s signature below indicates he/she supports this request:

Supervisor: _____ Date: _____

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For Space Utilization Committee Use Only

- ___ Request Granted
- ___ Space designated as follows: _____
- ___ Facilities Help Desk Request submitted
- ___ Communication to Leadership / Team / Others?
- ___ Completed/Closed File (date): _____