

University of Maryland Libraries
Request to Move or Alter Library Space

1. **Requestor**

Date Req:

Work Group

Division

Purpose of project and whom it most directly affects:

Describe what needs to be done, attach a sketch if possible:

Can this project be done in phases?

Negative impact if project is not completed/acquired:

Is there a time constraint or deadline when work needs to be completed (understanding that approvals, estimates and scheduling work will take time to process)?

2. Forward to Division Director:

Note when reviewing: Estimates give an approximate cost but may change pending unforeseen circumstances.

- Send to SPAT for review and/or provide estimates.
- Do not proceed.

Division Director's Signature

Date

3. Forward to SPAT (See reverse) or return to Requester.

4. Division Director Final review:

- Should costs go above estimate for unforeseen reasons, proceed.
- Should costs go above estimate for unforeseen reasons, return costs and justification to Director for approval.

Division Director's Signature

Date

3/9/04
mdd

3. Space Planning Advisory Team or designee

Recommendation of Space Planning Advisory Team: _____ Proceed _____ Do Not Proceed
_____ Suggested revision – See comments _____ Postpone until _____

Team’s Comments:

Forward to Manager of Facilities & Services.

Facilities & Services will coordinate estimates for project: All estimates will be available in written form upon request.

Required to reconfigure or move (check all that apply, provide estimate):

- Voice / data location or new jack/line or phone \$ _____
- Key(s) / combination lock(s) / card reader(s) / security cameras \$ _____
- Dismantling / Installation of shelving \$ _____
- Move of computer hardware and printers \$ _____
- Move of photocopier/microform equipment \$ _____
- Move of library materials \$ _____
- Move of furniture \$ _____
- Dismantle / Install /Reconfigure system or other furniture \$ _____
- Special cleaning \$ _____
- Signage \$ _____
- Electrical work \$ _____
- Constructions of walls, etc. \$ _____
- Painting \$ _____
- Flooring \$ _____
- HVAC \$ _____
- Other _____ \$ _____

Estimated TOTAL for project: \$ _____

Anticipated date of completion:

Facilities & Services’ Signature Estimate of total cost

Facilities and Services’ Comments:

Return to Director for Final Review (See reverse, Step 4).