

**University of Idaho Boise
Space Request and Approval Form**

College or Unit _____

Phone _____ Date _____

Space Request

Type of space needed (please provide detail):

Cubicle _____

Office _____

Other (estimate of square footage desired) _____

Describe space need/use:

Date space is needed _____

Duration of space need _____

Approvals

Person initiating request Date

College Dean Date

Local College/Unit Administrator Date

Center Executive, Southwest Idaho Date

Space approval expires 60 days after Center Executive signs the request.