

**SPACE ALLOCATION FORM**

This form is to accompany the agency request for office, warehouse, or other types of space. Please return completed form along with the Service Request Form to the Office of Land and Capital Asset Stewardship: Lease Request at 5 Research Drive Greenville SC 29607.

AGENCY REQUESTING SPACE \_\_\_\_\_ AGENCY CODE H-12  
 NAME OF DIVISION THAT WILL USE THE SPACE \_\_\_\_\_  
 CITY OR LOCATION OF SPACE \_\_\_\_\_  
 COUNTY CODE \_\_\_\_\_

				AREA (Sq Ft)
				<u>REQUIRED</u>
1.	<u>STAFF REQUIREMENTS</u>			
	A. Management (Dir/Asst.Dir.)	_____	Employees X 250 SF	= _____
	B. Professional	_____	Employees X 160 SF	= _____
	C. Clerical	_____	Employees X 110 SF	= _____
	TOTAL STAFF	_____	REQUIRES(subtotal):	= _____
2.	<u>NON-STAFF REQUIREMENTS</u>			
	A. File Cabinet	_____	X 6 sq. ft.	= _____
	B. Conference Rm.	_____	X 20 sq. ft./person	= _____
	C. Drafting Sect.	_____	X 100 sq. ft.	= _____
	D. Reception Area	_____	X 200 sq. ft.	= _____
	E. Printing/Duplication	_____	X Estimate	= _____
	F. Copy Machine Space	_____	X Estimate	= _____
	G. Library	_____	X Estimate	= _____
	H. Work Table	_____	X 15 sq. ft.	= _____
	I. Tub Files	_____	X 64 sq. ft.	= _____
	J. Court Room	_____	X 50 sq. ft.	= _____
	K. Kitchenette	_____	X 60 sq. ft.	= _____
	L. Data Processing	_____	X Estimate	= _____
	M. Studio	_____	X Estimate	= _____
	N. Confiscated			
	Material Storage	_____	X Estimate	= _____
	O. Radio and			
	Teletype Rm.	_____	X Estimate	= _____
	P. Storage Rm.	_____	X Estimate	= _____
	Q. Computer	_____	X Estimate	= _____
	R. Special Requirements	_____	X Estimate	= _____
	(attach justification for special requirements)			
	NON-STAFF REQUIREMENTS (subtotal):			_____
	TOTAL SPACE REQUESTED (usable area) IN SQ FT:			_____

I hereby certify that the above employees are those of the agency, will be located in the applied for space, and have not been used to justify other space requests or allocations.

Signature of Dean/Vice President: \_\_\_\_\_ Date: \_\_\_\_\_