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Approved: John McCune
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Approved: Doug Sweetland
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Approved: Dennis N. Nielsen

SOUTHWEST MINNESOTA STATE UNIVERSITY

POLICY

SPACE ALLOCATION

The management of the University's property is the responsibility of the President. In accordance with that responsibility, the following policies and procedures shall apply:

POLICIES

1. The allocation of institutional space must be approved by the President or designee.
2. Institutional space may be assigned by the President for the primary use of specific areas, departments, programs, or individuals. Space assignments should be periodically reviewed by each administrative unit to ensure compliance with University goals and to promote the efficient use of University property.
3. An inventory of space assignments or utilization shall be maintained by the President or designee.
4. Space allocations shall be governed by the following principles:
 - A. A University employee is not normally entitled to more than one office.
 - B. The faculty shall be assigned sufficient space to permit the execution of their duties, including an office for each department and an office for each full-time faculty members.
 - C. All campus space shall be scheduled by the University Scheduling Office. Those departments or units wishing to exercise independent scheduling authority for any room or facility must petition for such authority to the Space Committee, which shall make a recommendation to the President.
 - D. Classrooms, seminar rooms and other space required for teaching courses shall be scheduled through the Scheduling Office.
 - E. Classrooms, seminar rooms, and conference rooms will be scheduled by the Scheduling Office on a short-term need basis only after all instructional requirements have been met.
 - F. Administrative and service units will be assigned sufficient space to permit the execution of their duties.

- G. Retired faculty and faculty emeritus may request an individual office to conduct academic-related activities, subject to space availability. The Space Committee may recommend that such space be offered on an annual rental basis.
- 5. Allocation of space to the following activities is temporary (one academic year or less), provided on a space-available basis, and subject to annual review.
 - a. Recognized student clubs and organizations.
 - b. Department lounges, reading rooms, or study areas.
 - c. Non-university agencies.
 - d. Assigned storage spaces.

PROCEDURES

1. A campus-wide Space Committee shall administer the space allocation process. The Committee shall consist of representatives of:
 - 1 – SMSU Administration
 - 2 – Faculty Association
 - 1 – AASF
 - 1 – MMA/MAPE
 - 1 – Council 6
 - 1 – Student GovernmentThe representative from administration shall vote only to break a tie. Staff members with relevant expertise may serve as members without portfolio at the pleasure of the Committee.
2. An annual Space Assignments Report listing the current allocation of University space, including rental space, shall be distributed to departments and administrative units by November 15 of each year.
3. Requests for modifications in the allocation of space may originate from individuals or groups, but must be filed on the official **Space Request Form**, through the appropriate department or administrative unit. Such requests will be accepted by the President's Office until January 15.
4. By April 1, the Space Committee shall make recommendations regarding all new space requests to the President and furnish copies to all bargaining units.
5. The President shall present a list of proposed modifications through the meet and confer process by April 10. The President shall announce final space decisions by May 1.
6. Emergency space requests may be submitted to the President's Office on the **Space Request Form** at any time. The Space Committee is empowered to make space assignments in response to emergency requests, but such assignments will be temporary and subject to permanent disposition during the next regular space allocation cycle.

**Southwest Minnesota State University
Space Request Form**

Date of Request: _____

Space Assignment to be made to: _____
(department, agency, etc.)

For Occupancy by: _____
(name of individual, club, or organization)

Date Space Needed: _____

Reason for Request: _____

Space Requests:

Bldg/Room Number(s): _____

_____ New _____ Additional _____ Move*

*If this is a move, please give present location(s): _____

Furniture Needs:

1. List furniture needed for space: _____

2. Is this furniture being moved from present location? _____
If not, give present location of furniture: _____

3. Approximate quantity of boxes, etc., to be moved: _____

Other Needs:

- A. Will telephone service be needed? _____ If yes, please complete the **Telephone/Computer Network Requisition** form on the back of this page.
- B. Will a computer network hookup be needed? _____ If yes, please complete the **Telephone/Computer Network Requisition** form on the back of this page.

NOTE: Please attach a completed **Key Request**. If the space request is approved the key request will be processed. Keys for any present space should be turned in at the Physical Plant Office when the new keys are picked up.

SIGNATURES:

Department Chair/Supervisor _____ Date _____

Area Dean or Vice President _____ Date _____

Space Committee Approval _____ Date _____



Telephone/Computer Network Requisition

Lead time required is two (2) weeks

Date: _____

Department: _____ Account No.: _____

NEW TELEPHONE REQUEST

Location Bldg/Room: _____ Date Needed: _____

Name to Display on Caller ID: _____

Telephone Set Needed: Desk Set Wall Set

Long Distance Calling: Yes No

Voice Mail Services: Yes No

Message Light on Phone: Yes No

Sutter Tone (if light is not an option on phone set): Yes No

Call Pick Up Needed: Yes No Pickup Numbers Needed: _____

MOVE EXISTING TELEPHONE NUMBER

Phone Number: _____ Date of Move: _____

Present Location Bldg/Room: _____ New Location: _____

REMOVE/DISCONNECT A TELEPHONE NUMBER

Removal Date: _____

Phone Number: _____ Location: _____

NAME CHANGE ON CALLER ID

Date of Change: _____ Phone Number: _____

COMPUTER NETWORK HOOKUP

Bldg/Room Number: _____

APPROVAL:

Dept. Chair/Director Date: _____

Dept. Chair/Director Date: _____

For Business Services Use Only

Black Box	
Intertech	
Fran	
Phone Feed	
Excel	

Revised: 12/5/08

The Department Chair/Director's signature constitutes acceptance of all related costs associated with this request. All associated costs will be charged to the account listed above.

CLEAR FORM