CT STATE COMMUNITY COLLEGE

GATEWAY

10/2024

Request for New Space

(For a new office, new employee, and additional space needs)

Date:

Department Requesting Space:

Contact Person:

Phone:

Name of Employee assigned to new space:

Please explain in detail why you are requesting a new space and how your current assigned space is inadequate: (Please provide the name of the new occupant, if applicable.)

Will you need any accommodations for this new space? (e.g. location, visibility, access, etc.)

Is there a funding source or budget available to renovate or restructure the new space being requested

Signature of your area Director/ Manager/Chair/ Program Coordinator: **Date**

Signature of your Division Head or area Dean: **Date**

CEO/ADCO

☐ **Approved** ☐ **Denied** **Date**

Information Technology

Date IT will set up/relocate the employee's equipment:

Please Submit Requests to: GW-Operations@gwcc.commnet.edu