

UC ANR 2nd Street Space Request Form

Requestor Name:

Unit:

Employee Name:

Date:

Current Space:

Requested Space:

Exception Rationale:

of Days in Office
per week:

Employee UC Path
Title

M TU W TH F

Actual days in office:

Please describe the rationale for this space request. If business-based, explain how this request serves an essential business need.

Explain risks if request cannot be accommodated. Include time-sensitivity, if applicable.

Supervisor Approval:

Unit Leader Approval:

- Once all sections are completed, submit this form to Acting Committee Chair, Greg Gibbs, glgibbs@ucanr.edu
- **If ADA or health-related**, submit directly to UC ANR Human Resources, Jodi Rosenbaum, jrosenbaum@ucanr.edu
- Note that the Second Street Space & Operations Committee (SSSOC) meets the third Tuesday of every month. Requests must be received by the Friday before the standing meeting to be considered in that given month. All space moves/allocations must be pre-approved by the SSSOC.

SSSOC Decision:

**Rationale
(if applicable):**

**SSSOC
Committee
Acting Chair
Signature**

- Note: Please keep a copy of this for your records