

SPACE ACTION REQUEST

TENNESSEE DEPARTMENT OF GENERAL SERVICES

Name of requesting agency:	Allotment Code	Name & address of agency contact:	
Name of agency unit to occupy requested space:		Phone:	Date:
Present address of unit:		Date requested action needed:	

Action Requested:

<input type="checkbox"/> Assign Space in State-Owned Building <input type="checkbox"/> New Lease for Space <input type="checkbox"/> Terminate Existing Lease <input type="checkbox"/> Alterations in Leased Space <input type="checkbox"/> Alterations in State-Owned Building <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Lease Renewal <input type="checkbox"/> Lease Extension <input type="checkbox"/> Lease Amendment <input type="checkbox"/> Contact Lessor for Repairs <input type="checkbox"/> Move from One Leased Location to Another	Exercise Option for: <input type="checkbox"/> Additional Term <input type="checkbox"/> Additional Space <input type="checkbox"/> Purchase
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Action for:

Same Space
 Different Space
 Additional Space
 Other: (Specify) _____

Reason for Request:

Lease Expiration
 Added Staff
 Present Facilities Inadequate
 New Unit Activated
 Other: (Specify) _____

Type of Space Requested:

<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Office and Warehouse <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Land <input type="checkbox"/> House (office) <input type="checkbox"/> House (Living quarters)	<input type="checkbox"/> Airport Facilities <input type="checkbox"/> Educational Facilities <input type="checkbox"/> Examinations
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Location Desired:

City: _____
 County: _____
 Special Location Factors: _____

Lease Features Desired:

Lease Term: _____ Year(s), starting: _____ Days prior notice _____ Ending: _____
 Termination Clause: Cancellable upon _____ Days prior notice _____
 Option: Renewable year-to-year until _____ Same rate Negotiated rate
 Special Provisions: _____
 Maximum rent budgetarily permissible: \$ _____ Per year (estimated at \$ _____ / sq. ft. / yr.)
 Rent to include: All utilities in standard lease form, except: _____
 Janitor service and supplies _____ Days per week
 All alterations and costs of making space ready

Alterations are requested to:

Leased Space State-Owned Building
 Location address: _____ City: _____ County: _____
 Estimated total cost \$ _____ Source of funds: _____

Please attach to this request a floor plan for alterations and justification.

Estimate of amount of space needed for this request:

Employee Classification	Authorized Positions	x	Guideline Specification	=	Square Feet Totals	Current Vacant Positions	Estimated Personnel in two years
Commissioner			350				
Deputy or Assistant			225				
Directors, Chief Adm. Officers			150				
Professional			120				
Field Professionals (out of office 60%)			80				
Clericals			90				
Employees in labs, warehouses, drafting and other specialized areas			As needed				
Totals:							

Special requirements in addition to space requested above:

Hearing room for _____ persons to be used _____ hrs./wk.
 Extra strength floors
 Conference room for _____ persons to be used _____ hrs./wk.
 House E.D.P. equipment
 Employee room for _____ persons to be used _____ hrs./wk.
 Equipment Room _____ ft. x _____ ft.
 Other: (Specify) _____

Present occupancy status of subject agency unit:

Unit now housed: in State-owned bldg. in leased space not housed Other
 If Other, specify: _____
 Area occupied: _____ sq. ft. Present rental: \$ _____ /month at \$ _____ /sq. ft./ year.
 Expiration date of present lease _____ Cost during past 12 months (if not included in lease) for:
 Present lease cancelable after _____ on _____ days notice.
 Present lease options permit: Extending Term to _____ Utilities _____
 Adding _____ sq. ft. after _____ Janitorial Services _____

Additional data or comment:

Requesting Agency Authorization:

The requested space is necessary, funds are available to pay rent, and Real Property Management is authorized to take appropriate action, including the preparation of necessary plans and specifications.

_____ Signature of authorized official in requesting agency _____ Title _____ Date _____

For Real Property Management use only:

- This form has adequate information for analysis
- Form lacks necessary information
- Space will be assigned in State-owned building
- Leased space will be procured
- Approval by Attorney General is necessary
- Approval by Governor is necessary

_____ has analyzed and recommended: Approval Disapproval