

LAMAR STATE COLLEGE-PORT ARTHUR FACILITIES SPACE CHANGE AND ALLOCATION PROCEDURES

Facilities planning, space management and reporting plays an important role in the operations of an institution of higher education. Efficient use and accurate reporting of existing space and facilities is critical in maximizing the use of available resources and potential funding.

The Accountant who handles property management maintains the facilities space change and allocation procedures. The Accountant is also responsible for the timely and accurate reporting of changes to the LSCPA facilities data to the Texas Higher Education Coordinating Board (THECB).

Process:

1. Complete the Facilities Space Change and Allocation Request form. Attach any relevant supporting documentation. All percentage allocations should total to 100%.
2. Complete plans showing the desired alterations (if any).
 - a. Notations on existing floor plans can identify the desired alteration. For example, a single line can identify a new wall; a line break depicting an opening can identify a door location; a notation of “delete wall” can suffice for wall demolition. The Physical Plant has drawings of existing buildings on campus which can assist in alteration plans.
3. Obtain required signatures from Department Chair, Vice President Academic Affairs, Executive Vice President of Operations & Finance and the President. **The signature of the Director of Physical Plant is only required if alterations are being requested.**
4. Submit the completed form along with the required signatures and any supporting documentation to the Accountant.
5. After receipt of all required documentation the Accountant will make the necessary changes to the LSCPA facilities database and will then submit the revised facilities data to the THECB.

Approval Process Timeline:

1. Depends upon project scale, scope, and complexity.

LAMAR STATE COLLEGE PORT ARTHUR FACILITIES SPACE CHANGE AND ALLOCATION REQUEST FORM

I. CONTACT INFORMATION	
Requesting Department: _____	Date: _____
Name: _____	
Phone: _____	Email: _____
II. SPACE CHANGE	
<p>A. Change that increases or decreases room or building square footage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>A. 1. Building Name: _____</p> <p>A. 2. Room Number: _____</p> <p>A. 3. Change square footage From: _____ To: _____</p>	
<p>B. Change in Capacity of a classroom, class lab, meeting or assembly room? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>B. 1. Building Name: _____</p> <p>B. 2. Room Number: _____</p> <p>B. 3. Change Room Capacity From: _____ To: _____</p>	
<p>C. Change Affecting How a room is utilized (Purpose or function of the room) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>C. 1. Building Name: _____</p> <p>C. 2. Room Number: _____</p> <p>C. 3. Space will be used for: <input type="checkbox"/> Instruction _____% General Academic _____% Vocational/Technical <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support <input type="checkbox"/> Other, please specify _____</p> <p>C. 4. Space will be used by: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Students <input type="checkbox"/> Other, please specify _____</p> <p>C. 5. Briefly describe this change and any special considerations. <i>(Use additional sheet if necessary)</i></p>	
<p>D. Relocation of faculty, staff or others from one location to another. <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>D. 1. <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other, please specify _____</p> <p>D. 2. From Building: _____ To Building: _____</p> <p>D. 3. From Room: _____ To: Room: _____</p> <p>D. 4. If Faculty: Please provide Name, Title, Department, Academic Discipline and if courses taught are degree related or non-degree related or Not Applicable. (All fields are required) Name: _____ Title: _____ Department: _____ Academic Discipline: _____ Courses Taught : Degree Related: _____% Non-Degree Related: _____% Not Applicable _____</p> <p>D. 5. If Staff: Please provide Name, Title and Department. Name: _____ Title: _____ Department: _____</p> <p>D. 6. If Other: Please provide Name, Title and Job duties. Name: _____ Title: _____ Job duties: _____</p>	

E. Other change that does not fit in Sections A-D above? Yes No (If Yes see below)

E. 1. Building Name: _____

E. 2. Room Number: _____

E. 3. Describe the change:

F. If the space is to be shared – list the departments sharing the space and the proration of the utilization.

Department # 1 Name: _____ % of time used _____

Department # 2 Name: _____ % of time used _____

Sum must equal 100%

III. AUTHORIZATION SIGNATURES	
Department Chair or Department Head:	Date:
Comments:	
Executive Vice President for Finance and Operations:	Date:
Comments:	
President:	Date:
Comments:	
Vice President of Academic Affairs:	Date:
Comments:	
Director of Physical Plant (Only if renovations or alterations are involved):	Date:
Comments:	
Coordinator of Institutional Research:	Date:
Comments:	

Submit completed request with the proper signatures to the Accountant in the Business Office who handles property management.