

SPACE ALLOCATION REQUEST

ALL SPACE ALLOCATION REQUESTS MUST BE REVIEWED BY THE FACILITY BOARD; NO PERMANENT SPACE ASSIGNMENTS WILL BE MADE WITHOUT FACILITY BOARD APPROVAL

TO BE COMPLETED BY REQUESTING ORGANIZATION

ORGANIZATION REQUESTING SPACE	DATE OF REQUEST	PROGRAM/PROJECT REQUIRING SPACE
POC NAME	POC PHONE NUMBER	POC OFFICE SYMBOL (IF DIFFERENT)
AMOUNT OF SPACE REQUIRED (IF KNOWN)	TYPE OF SPACE REQUIRED <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> OTHER (EXPLAIN IN REMARKS)	
DATE REQUIRED	DURATION OF REQUIREMENT (I.E., PERMANENT OR TEMPORARY)	IF TEMPORARY, DATE OF ANTICIPATED VACANCY
BUILDING SPACE IS REQUESTED IN (IF KNOWN)	JUSTIFICATION FOR SPACE REQUEST (I.E., MANPOWER INCREASE, NEW PROGRAM, ETC.)	

NUMBER OF PERSONNEL TO OCCUPY REQUESTED SPACE

CIVILIAN:	MILITARY:	CONTRACTOR:	TOTAL:	IF PERSONNEL INCREASES ARE THE JUSTIFICATION FOR THE SPACE REQUEST, IT IS THE RESPONSIBILITY OF THE REQUESTING ORGANIZATION TO HAVE THESE NUMBERS VALIDATED BY THE MANPOWER OFFICE <u>PRIOR</u> TO SUBMITTAL OF THIS FORM.
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REMARKS OR SPECIAL REQUIREMENTS

COORDINATION

(MUST BE COMPLETED PRIOR TO SUBMITTAL TO FACILITY BOARD)

OFFICE SYMBOL	NAME/RANK (TYPED OR PRINTED <u>AND</u> SIGNATURE)	DATE	TELEPHONE
	POC IN REQUESTING ORGANIZATION		
	GROUP / SQUADRON COMMANDER		
	MANPOWER OFFICE (REQUIRED ON ALL PERSONNEL JUSTIFICATIONS)		

THE FOLLOWING FIELDS ARE FOR CE SQUADRON USE ONLY

(DATE AND INITIAL)

DATE RECEIVED BY	DATE REVIEWED BY	DATE APPROVED / DISAPPROVED BY FUB
DATE COMPLETED BY		