Space Assignment Notification Form



This form is a notification of occupancy change within an Administrative Department or Academic Faculty space allotment. See the Space Allocation Request form for new space or inter-department / inter-faculty space swaps. Please direct any questions about completing this form to the Space Allocation Coordinator or send an email to facilities@unbc.ca.

Name: Date of Notification (dd/mm/yyyy):									
Off	ice Assignments:								
	Employee Name	Position	Dept	New Office Number	Is this office shared (Y/N)?	Will old office be vacated? (Y/N)	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	
1									
2									
3									
4									
5									
6									
7									
8									
Au t	thorization (Dean for Acad Offi):				Confirmat	tion Date:	