Work Space / Remodel Request

After you fill out form, please email request to: Spaceplanner@blm.gov

|  |  |  |
| --- | --- | --- |
| Approving official:  | Agency: | extension: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Agency contact:  | extension: |
| Click here to enter text.  | Click here to enter text. |
| Building: | Room/suite number: |
| Click here to enter text.  | Click here to enter text. |
| Summary of request (6 lines maximum): Click here to enter text.**General:** |

****

**Facilities Department use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **HVAC:** |[ ]  **IT/Phone:** |[ ]  **Power/Electrical:** |[ ]  **Security:** |[ ]
| **Carpet:** |[ ]  **Paint:** |[ ]  **Lighting:** |[ ]  **Ceiling :** |[ ]

**General:**

|  |  |
| --- | --- |
| Requester’s budget (estimated): | Click here to enter text. |
| Number of FTE (non-telework) workstations: | Click here to enter text. |
| Number of Telework Employees: | Click here to enter text. |
| Number of spaces for Kiosk Hoteliers: | Click here to enter text. |
| Other personnel/agencies affected by request: | Click here to enter text. |

**Standard Equipment Needs:**

|  |  |  |  |
| --- | --- | --- | --- |
| Fax | Printer | Plotter | TV |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Specialty Equipment needs:**

|  |  |  |  |
| --- | --- | --- | --- |
| AV | Vertical Storage | Security Door | Other |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

NIFC approving official for space reassignment:

Sign: Date: