

Request to Initiate a Search for Leased Space

Process: PI completes this form and reviews with his/her Chair, obtaining his/her signature for concurrence. The Department CAO submits the signed form to its Dean's Office for review. The Dean's Office will attempt to locate alternative on-campus space and validate the planned funding sources. If a lease search is approved, the school will forward your request to Campus Real Estate Services (RES), cc-ing the requesting PI and Department CAO. Upon receipt, RES will assign a Project Manager to work closely with the Department to identify and execute the lease.

DATE: _____
DEPARTMENT: _____ UNIT: _____
CONTACT: _____ PHONE: _____
E-MAIL: _____

Type of Request: (check one)

- New Lease
 Renewal of Existing Lease
 Sub-let of existing lease
 Other, please describe
-

Objectives for seeking leased space, please specify if other than renewal (attach additional sheet if needed):

Functional Use (specify approximate percentage for each category if mixed)

- Clinic
 Administrative offices
 Academic faculty offices
 Dry lab research
 Wet lab research
 Other, list _____

Preferred location(s)

- Parnassus
 Mount Zion
 Mission Bay
 Mission Center Building
Other, please specify _____

Reason for preferred location, including thoughts on alternative locations and pros and cons of each. (attach additional sheet if needed)

Preferred occupancy date: (e.g. September 1, 2022) _____

Preferred lease term (e.g. 5 years): Min term: _____ Max term: _____

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Planned occupants of the leased space (attach additional sheet if needed):

	Name	Title	If To Be Hired, enter "TBH" and funding source for FTE	Employee's current location (Building/Room)	Planned number of days on site (vs. working from home or other sites)	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Estimated size, square feet:

_____ Approximate number square feet requested

_____ Approximate number square feet occupied in current location, if applicable

Funding: Funding source and Chart of Account proposed to cover the lease costs, operating expenses, tenant improvements and other costs such as those related to State Fire Marshal inspections and seismic review.

Other Special Requirements: Please list any special requirements not noted above (e.g., adjacencies to other programs; patient parking; etc.)

This lease has been reviewed and endorsed by the requesting PI's Department Chair:

Chair / Director's signature

Date