MGH Institute of Health Professions
Office/Workspace Request Form

Instructions:

1. Department/Program complete section #1
2. Submit completed form to Office of Finance and Administration

Section #1:
Department/Program Cost Center # _____
Requesting Person: ________________________________

New Employee: (YES) ____ (NO) ____
Employee Name: ________________________________
Start Date: __________

Faculty:
Faculty FTE: ____ Position Title: _______________________ Rank: ______________________

Staff:
Staff FTE: ____ Position Title: ____________________________

Description of Request:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Dean/Chair/Director Signature ___________________________ Date __________

Associate Provost Signature ___________________________ Date __________
(for academic programs or Office of Student Affairs)

Section #2:
Office of Finance and Administration Use Only

Approved__ Not Approved__ Placed on Waitlist__ Return to Sender for Additional Information__

Space Assigned:
Building # ____ Room # ____ Private Office ____ Shared Office ____ Workstation ____ Other ____
Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Vice President for Finance and Administration ___________________________ Date __________
CC: Operation
   Information Technology

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