Form **CD -412**
rev 3/2016

Office of Space and Building Management (OSBM)
HCHB Space Change Request

Space Management Control #: _____ Space Management Reciept Date: _____

To be completed by the Initiating Operating Unit (OU)

OU Control # (If Applicable): _____ Point of Contact: _____

OU/Office/Division: _____ Room#: _____ Phone#: _____

SECTION 1 - VACANCY NOTIFICATION OF EXISTING HCHB SPACE
(Submit 30 Days Prior to Vacating)

Space to be Vacated (Room#): _____ Date to be Vacated: _____

Account Fund Code or Fund/Project Code: _____

Vacating OU Official: _____
Signature Position/Title

OU Official: _____
Print Name Phone Date

***See Section 5 and Section 6, Note #2 and #3 for requirement upon releasing space.**

SECTION 2 - REQUEST FOR ADDITIONAL HCHB SPACE

Type of Space Requested: General Office: ____ Storage: _____ Conference: _____ Special Use: _____ Temporary ☐ Permanent ☐

Other, (Specify) _____

Date Space Required: _____ Amount of Space Required: _____ #Private Offices _____ Workstations _____ Special Use _____

Other Revelant Information _____

Requesting OU Official _____
Signature Position/Title

OU Official: _____
Print Name Phone Date

SECTION 3 - REQUEST TO TRANSFER EXISITNG SPACE

Space to be Transferred (Room#): _____

VACATE: _____

Date to be Vacated: _____ Accounting Fund Code or Fund/ Project Code: _____

Vacating O/U Division: _____

Vacating OU Official: _____
Signature Position/Title

OU Official: _____
PrintName Phone Date

OCCUPY: _____

Date to be Occupied: _____ Accounting Fund Code or Fund/Project Code: _____

Acquiring OU/Division: _____

Acquiring OU Official _____
Signature Position/Title

_____
Print Name Phone Date

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SECTION 4 - SUPPLEMENTAL OCCUPANCY AGREEMENT (COMPLETED BY SMD)

1)

OU/ Division: _____ Effective Date: _____

ASA/SEC Rent Account Code or Fund/Project Code: _____ Adjusted Total Square Footage: _____

Location of Space Adjusted/Room#: _____

Operating Unit Official: _____
Signature Position/Title Phone

2)

OU/Division: _____ Effective Date: _____

ASA/SEC Rent Account Fund Code or Fund/Project Code: _____ Adjusted Total Square Footage: _____

Location of Space Adjusted Room#: _____

Operating Unit Official: _____
Signature Position/Title Phone

Chief SMD: _____
Signature Print Name Phone

SECTION 5 - SPACE CLOSE OUT

Inspection Date: _____

Post-Move Inspection of the following items must be completed prior to acceptance of space:

ITEM	DATE/INITIAL	ITEM	DATE/INITIAL
Telecom and IT Equipment Removed	_____	Classified documents Removed	_____
TV /Monitors Removed	_____	All Boxes Removed	_____
ll Hanging Art/White Boards	_____	Excess Furniture Removed	_____
SCIF Decertification	_____	All Keys Returned	_____
Card Reader Deactivated	_____	All Trash Removed/space clear of Debris	_____

Space Manager Signature _____ Date: _____

SECTION 6 - INSTRUCTIONS FOR COMPLETING THE CD 412 SPACE CHANGE REQUEST FORM

1. Complete Sections 1, 2 or 3 and forward to the Space Management Division (SMD) Office, Room C-100. SMD will work with the OU's Space Point of Contact to gather the required details needed to accommodate the request.
2. In accordance with the Occupancy Agreement, when vacating existing space, present occupants are responsibile for removing all excess furniture and equipment, removing all trash and surplus items, and funding a CD410 work order as necessary, to bring the space back toBuilding Standard.
3. The present occupants will continue to pay rent for the space, until these items have been completed. (Refer to Section 5)
4. For requesting space, be as detailed as possible about the space needed. The Space Management Division will arrange a meeting to discuss options with the OU's Space Point of Contact.
5. When the request has been finalized by all parties, this CD-412 form will be returned to each OU's Space POC for an Official signature (Section 4). At which time the transaction and form will serve as the Official Supplemental Occupancy Agreement.

NOTE: All fields should be typed or printed. A separate CD-412 form should be submitted for each space change request.