

OFFICE SPACE REQUEST (DAS Form 125601)	Date:	THIS REQUEST FOR: <input type="checkbox"/> Current Budgeted FTE <input type="checkbox"/> Growth FTE <input type="checkbox"/> Office Space _____ Rentable Sq. Ft. (D3) <input type="checkbox"/> Other Space _____ Rentable Sq. Ft. <input type="checkbox"/> Requires ADA Compliance						
TO: Department of Administrative Services Facilities Division-Real Property Services 1225 SE Ferry Street U100 Salem, Oregon 97301-4281		FROM: (Requesting Agency/Division and Address)						
LOCATION REQUIRED: (Closest City)		TENANT: (Agency, Branch, etc.)						
CURRENT SPACE OCCUPIED BY TENANT: (Address)								
TYPE OF SPACE REQUESTED: <input type="checkbox"/> State-Owned <input type="checkbox"/> Leased <input type="checkbox"/> Build-to-suit <input type="checkbox"/> Purchase		REQUESTING AGENCY CONTACT PERSON: Name: Phone:						
TERM REQUESTED: (years/months)		PARKING SPACE REQUIRED: State Vehicles _____ Client Parking _____ *Staff Parking _____ <small>*See Policy 125-6-115 on parking limitation.</small>						
ESTIMATED COSTS: Total Sq Ft _____ (See D3 calculation on back of form) <table style="width: 100%;"> <tr> <td style="width: 45%;">Monthly Base Rent \$ _____</td> <td style="width: 55%;">Furniture Acquisition \$ _____</td> </tr> <tr> <td>Other Monthly Costs \$ _____</td> <td>Moving Cost/Telephones, Other Costs \$ _____</td> </tr> <tr> <td>TOTAL COST/MONTH \$ _____</td> <td>TOTAL ONE-TIME COSTS \$ _____</td> </tr> </table>			Monthly Base Rent \$ _____	Furniture Acquisition \$ _____	Other Monthly Costs \$ _____	Moving Cost/Telephones, Other Costs \$ _____	TOTAL COST/MONTH \$ _____	TOTAL ONE-TIME COSTS \$ _____
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Other Monthly Costs \$ _____	Moving Cost/Telephones, Other Costs \$ _____							
TOTAL COST/MONTH \$ _____	TOTAL ONE-TIME COSTS \$ _____							
REQUESTING AGENCY CERTIFICATION: Funds are available to cover the estimated costs of the proposed office facility, as listed above, for the current biennium. Future funding will be sought to continue the lease and rental agreement for the proposed term. We understand that we will be billed, and hereby agree to pay a fee for Real Property Services, for the life of the lease.								
SIGNATURE: (AGENCY HEAD)		DATE:						
Typed/Printed Name and Title of Agency Head:								
DATE REQUEST RECEIVED AT DAS:		DAS CONTROL NUMBER:						
DAS ACTION RECOMMENDED: <input type="checkbox"/> Assign State-Owned Space <input type="checkbox"/> Assign DAS-Leased Space <input type="checkbox"/> Commence Leasing Action <input type="checkbox"/> Other as follows:								
Leasing Agent Assigned:		Leasing Agent Review of Agency Request— Initials & Date:						
Authorized by DAS: (Signature)		DATE:						

OFFICE SPACE WORKSHEET (See DAS Policy Manual 125-6-100) Office Location:		SQUARE FOOTAGE ALLOWANCES (*may be enclosed office)			SQUARE FEET REQUESTED	FOR DAS USE
SECTION A: WORKSTATION SPACE		SYSTEM	CONVENTIONAL	#FTE		
A1	Director	160	280*			
A2	Deputy Director	144	210*			
A3	Administrator	120	180*			
A4	Manager	96	150*			
A5	Staff Attorney	96	120*			
A6	Supervisor / Professional / Technical	64	100			
A7	Caseworker	64	100			
A8	Support Staff	48 or 64	80			
A9	Field Worker / Data Entry	36 or 64	50			
A10	Non-Standard Workstation	Describe and attach justification				
A11	TOTAL WORKSTATION AREA (Add requested Sq. Ft. A1 through A10)					
A12	CIRCULATION SPACE	A11 X 45%	A11 X 30%			
SECTION B: SUPPORT SPACE						
B1	Conference Room	50 sq. ft. + 15 sq. ft. per person				
B2	Waiting Area	50 sq. ft. + 10 sq. ft. per person				
B3	Mail / Work Room	Depends upon equipment size & FTE				
B4	Copier	50 sq. ft.				
B5	Printer or FAX	25 sq. ft. total				
B6	Centralized Filing Systems	9 sq. ft. per file cabinet or as needed				
B7	Storage Area	General office supplies				
B8	Client Interview Room	50 sq. ft. + 15 sq. ft. per occupant				
B9	Coffee Bar	10 sq. ft. per 50 FTE				
B10	Recycle Area	2 barrels per floor min., 4 sq. ft. per barrel				
B11	Library	Depends on materials stored				
B12	Break Room / Lunch Room	Divide staff FTE by 4, times 15 sq. ft. + 100				
B13	Other:	Describe and attach justification				
B14	TOTAL SUPPORT SPACE (Add requested Sq. Ft. B1 through B13)					
B15	CIRCULATION SPACE	B14 X 30%				
SECTION C: SPECIAL PROGRAM SPACE						
C1	Training Room	Requires justification				
C2	Hearing Room	Requires justification				
C3	Computer Room	Depends on equipment size				
C4	Bulk Storage Area	Depends on materials stored. Describe.				
C5	Other Special Program Area	Describe and attach justification				
C6	TOTAL SPECIAL PROGRAM SPACE (Add requested Sq. Ft. C1 thru C5)					
C7	CIRCULATION SPACE	C6 X 30%				
SECTION D: SQUARE FEET REQUESTED						
D1	TOTAL USEABLE Sq. Ft.			A11+A12+B14+B15+C6+C7		
D2	ESTIMATED SQ. FT. FOR BUILDING COMMON AREAS (15% of D1)					
D3	ESTIMATED TOTAL RENTABLE AREA (D1+D2) (enter on front of form)					
D4	TOTAL RENTABLE SQ. FT. PER FTE (Divide Total Rentable Sq. Ft. by #FTE)					