RESET FORM

COMMONWEALTH OF PENNSYLVANIA
STD-564 REV. 08-01

REQUEST FOR SPACE ALLOCATION

NOTE: See reverse side for instructions.

1. DATE OF REQUEST	2. ☐ NEW ALLOCATION ☐ REVISED ALLOCATION
3. REQUESTING DEPARTMENT (INCLUDE BUREAU OR DIVISION)	4. PRESENT LOCATION (INCLUDE CITY AND COUNTY)

5. EXECUTIVE BOARD APPROVAL ? DATE APPROVED	6. TYPE	7. PREVIOUS ALLOCATION NO. IF ANY	8. TOTAL SPACE NEEDED
☐ DOES NOT APPLY ☐ YES _____	☐ LEASED SPACE ☐ STATE-OWNED (IDENTIFY) _____	SA	SQ. FT.

9. CURRENT SPACE OCCUPIED SQ. FT.	10. EXCESS OR DEF. SQ. FT.	11. PURPOSE
		☐ GENERAL OFFICES ☐ WAREHOUSE ☐ STORAGE ☐ PUBLIC RECEPTION ☐ OTHER (SPECIFY) _____

12. JUSTIFICATION (EXPLAIN REASON FOR REQUEST AND THE FUNCTIONS TO BE PERFORMED. BE SPECIFIC. USE ADDITIONAL SHEETS IF NEEDED.)

13. PERSONNEL COMPLEMENT					14. BUDGET OFFICE USE ONLY
A. PRESENT PERSONNEL			B. PROJECTED PERSONNEL		
AUTHORIZED	FILLED	VACANT	REQUESTED	DATE PROJECTED FOR	

15. PERSONNEL	STANDARD ALLOWANCE	SQ. FT./EA.	NO. OF POSITIONS REQUIRED	TOTAL SQ. FT. ASSIGNED
EXECUTIVE I	25 FT. X 17 FT.	425		0
EXECUTIVE II	15 FT. X 17 FT.	255		0
SENIOR MANAGER	15 FT. X 15 FT.	225		0
MID MGR/PRIVATE OFFICE	10 FT. X 15 FT.	150		0
SUPERVISOR/TECHNICAL	8 FT. X 12 FT.	96		0
ANALYST/ADMIN/SECRETARY	8 FT. X 8 FT.	64		0
CLERICAL/FIELD	6 FT. X 8 FT.	48		0
PERSONNEL TOTAL →			0	0

16. AUXILIARY AREAS	DETERMINATE	SQ. FT./EA.	NO. REQUIRED	TOTAL SQ. FT. ASSIGNED
CONFERENCE ROOM	PER PERSON MEETING	17		0
RECEPTION	PER PERSON WAITING	7		0
STORAGE ROOM	AREA REQUIRED			0
LIBRARY	AREA REQUIRED			0
WAITING ROOM	AREA REQUIRED			0
LUNCH ROOM	LEASED SPACE ONLY			0
COMPUTER ROOM	AREA REQUIRED			0
FILE ROOM	AREA REQUIRED			0
MAIL ROOM	AREA REQUIRED			0
OTHER	AREA REQUIRED			0
OTHER	AREA REQUIRED			0
AUXILIARY TOTAL →				0

17. SHARED EQUIPMENT (NOT IN AUXILIARY AREAS/EMPLOYEE WORK SPACES)	STANDARD ALLOWANCE (INCLUDES WORK SPACE)	SQUARE FT. EA.	NO. REQUIRED	TOTAL SQ. FT. ASSIGNED
FILE CABINETS	1.5 FT. X 4.5 FT.	7		0
TABLES	5 FT. X 5 FT.	25		0
PC/WP/CRT	5 FT. X 5 FT.	25		0
COPIERS	5 FT. X 6 FT.	30		0
STORAGE CABINETS	3 FT. X 3 FT.	9		0
PLAN FILES	4 FT. X 6.5 FT.	26		0
BOOKCASES	2 FT. X 3 FT.	6		0
COAT VALET	2 FT. X 2 FT.	4		0
LATERAL FILES	2.5 FT. X 4 FT.	10		0
OTHER	FT. X FT.	0		0
SHARED EQUIPMENT TOTAL →				0
18. SUB TOTAL (ADD TOTALS FROM 15, 16, & 17) →				0
19. ALLOWANCE FOR ACCESS AND CIRCULATION (35% OF SUB TOTAL) →				0

20. AREAS NOT REQUIRING CIRCULATION	SQ. FT./EA.	NO. REQUIRED	TOTAL SQ. FT. ASSIGNED
WAREHOUSE			0
GARAGE			0
OTHER AREAS TOTAL			0
21. GRAND TOTAL (ADD TOTALS FROM 18, 19, & 20) →			0

22. SIGNATURE OF REQUESTING AGENCY REPRESENTATIVE

INSTRUCTIONS

GENERAL Form STD-564 must be submitted to the Bureau of Real Estate Space Management Division, Department of General Services, where it will be reviewed for adherence to policy and administrative plans. Use additional sheets if necessary.

Block No.

1. Self-explanatory.
2. Check the appropriate block. A new allocation is requested when an entirely new requirement. exists. A revised allocation is requested when the present allocation is no longer suitable for the present or projected function.
3. Self-explanatory.
4. Specify the city and county within which the allocation is required.
5. Check appropriate block. Approval of Executive Board is required for establishment of a new branch or field office outside the Capital City. If "yes", enter the date of approval.
6. Check the appropriate block. If request is for space in a state-owned building, identify it.
7. Enter previous space allocation number, if any.
8. Enter total square feet required as estimated by the requesting agency.
9. Foe a new allocation, insert "0". For a revised allocation, insert the number of net square feet presently **occupied**, since amount allocated and that occupied sometime differ.
10. Subtract amount shown in "9" from the amount in "8" (or vice versa if for a reduction) and insert the remainder in "10". This represents the excess or deficiency between total space requested and that presently occupied.
11. Check block(s) indicating the principal purpose for which the space is to be used. If "other", identify.
12. Explain as completely as possible the reason for request and the function to be performed.
13. Personnel Complement:

    No request for space can be considered unless the personnel complement has budgetary approval.

    13.A. - Enter the current totals as of date of this request.
    13.B. - Enter the projected totals as of the date of the proposed occupancy of the space being requested. Enter the proposed date of occupancy.

14. Leave blank.
15. List the number of personnel by functional title for the complement shown in "13.B"; the total number of square feet assigned; and the overall total square feet requested for employees.
16. Where auxiliary space such as for conference rooms, reception area, etc., is needed, enter the number of rooms, the type of area, total per type and the overall total square feet of auxiliary space requested.
17. Where space is needed for shared equipment, such as filing cabinets, photocopy equipment, etc., enter the number of items for each type, total per type and the overall total square feet requested for shared equipment.
18. Enter sum of the totals shown in blocks "15", "16" and "17".
19. Enter 35% of total shown in block "18".
20. Where remote space is required for standalone functions such as warehouse or garage, list the requirement and size. (Additional circulation not added.)
21. Enter sum of the totals shown in blocks "18", "19" and "20".
22. Signature of requesting agency's representative.