I. Purpose

The following policies and procedures guide the allocation and use of space within all facilities occupied by the UC Davis Health System (UCDHS). It includes a discussion of the criteria, guidelines and procedures that will be used to evaluate and allocate space to academic and clinical departments and centers (units) within the Health System.

II. Policy

A. Space within all buildings owned, leased or otherwise controlled by UC Davis Health System is considered to be an allocable resource subject to continual evaluation in order to achieve the optimal use of resources.

B. Space and facilities utilization evaluations are periodically conducted to ensure appropriate distribution of space among units to assist Health System leaders fulfill their responsibilities regarding the assignment and effective utilization of allocated space.

C. Requests for additional space must be endorsed by the appropriate Dean, Department Chair, Center Director or senior Health System administrator (i.e., Hospital CEO, CIO, CMO, CNO etc.).

D. Department Chairs, Center Directors, Associate Directors, department managers and other Health System leaders (known collectively as unit heads) are responsible for ensuring that space allocated to their unit is used efficiently and are strongly encouraged to consult with the Facilities Planning Department before submitting a request for additional space to informally discuss their needs and potential solutions.

E. Building space is allocated or assigned to unit for the conduct of official University business. Unit heads have the responsibility and discretion to assign their space as they deem appropriate to maximize the unit's effectiveness in meeting the University’s mission of teaching, research, patient care, and public service.

F. Assignments of office space are made by the unit head. Requests for academic space made to the Dean/Vice Chancellor will be reviewed based on the academic space principles summarized in Attachment A and the guidelines in Attachment F. Requests for clinical and hospital space made through the hospital CEO will be expected to support patient volumes and follow the guidelines in Attachment F.

G. Except for student governments, formal space allocations are not made to student organizations. Deans, department chairs, center directors and other senior UCDHS administrators may authorize incidental use of facilities by staff and student organizations if they believe that use of space contributes to the goals of the Health System.
H. University space standards do not recognize emeriti professors, postdoctoral or visiting scholars in non-pay status, or graduate students in non-pay status for the purposes of providing University facilities.

1. Space requests for these individuals will not be given recognition in facilities utilization evaluations conducted by the Health System or in proposed capital improvement projects.

2. Unit heads may, at their discretion, elect to recognize the important contributions of these individuals through the assignment of office space as allocated space permits (see IV.C. below).

III. Allocation and Evaluation of Space

A. Space allocations are based on the Health System’s Strategic Plan and other factors deemed relevant by the Health System leadership. Requests are evaluated based on the following criteria:

1. Workload factors, including present and projected numbers of students, faculty, staff and patients. Both FTE and headcount are considered.

2. Program requirements, including special program requirements, uniqueness of program, need for improvement of program quality, and stage of program development.

3. Adequacy of existing area, including type, quality, and quantity of space in terms of efficiency and safety of existing facilities.

4. Technological improvements, including changed space requirements for fixed or moveable equipment, for changed instructional methodology, or for new fields of research.

5. Environmental and geographic considerations, including location requirements based on program needs, adjacency to related programs, and access to students, faculty, staff, and patients.

B. Research space needs will be evaluated in accordance with the guidelines included in the Schools of Health Research Space Allocation Policy (see Attachment B).

C. When possible, each unit shall be housed in one location to promote interaction among faculty, students, and staff, and to maximize efficiency of operations.

D. Storage space is limited and therefore should be utilized only for equipment and other material that must be retained and used frequently or regularly. Building corridors are not assignable space and shall not be used for storage.

E. The UCDHS leadership team periodically evaluates space needs and facility utilization based on changes in staffing levels, academic missions, and business needs of departments and programs.
F. Leased space may be assigned to support program activities that cannot feasibly be conducted in on-campus locations or in situations where no functionally adequate space can be provided on campus.

1. Space Planning Executive Committee will decide if central resources will be allocated for lease and improvement costs.

2. If central resources are not allocated, Space Planning Executive Committee may grant permission to use departmental or center resources.

G. Unit heads are responsible for ensuring accurate reporting of their space inventory.

1. Space inventory information assists UCDHS leadership with space management; space needs evaluation, and future space planning.

2. Space inventory information may be used to determine responsibility for funding building operations and maintenance.

3. Space inventory information may be used to calculate indirect costs associated with research activities and to establish the indirect cost rate to be applied to contract and grant activities.

IV. Guidelines for Space Allocation

A. In order to achieve the most effective utilization of space and other resources, units should share space and facilities whenever it is functionally possible (e.g., conference rooms, class laboratories, duplicating equipment).

B. Unit heads may occasionally agree to temporarily allow another unit to occupy space assigned to them. The duration of this temporary assignment may not exceed one year without the concurrence of the Space Planning Executive Committee. Units must develop a letter of agreement outlining the terms of the arrangement. Copies of the signed agreement must be provided to Facilities Planning and the Dean’s Office.

C. Employees are permitted to personalize their workspaces within the following parameters:

1. Personalization does not damage University property.

2. Personalization does not violate University policies (see Sections 380-12, 380-15, 390-30).

3. Personalization does not present safety hazards nor interfere with the orderly functioning of the workplace (see Sections 360-30 and 390-40).
D. Academic departments and centers

1. The Facilities Planning Department evaluates space requirements for academic departments and centers according to the priorities established by the Vice Chancellor.

2. Unit heads have discretion to allocate assigned space as they deem appropriate for program support within the guidelines set forth in Attachment A.

3. Non-office space (e.g., laboratories, studio space) should be assigned by the unit head after appropriate consultation with program faculty and staff.

E. Administrative and clinical departments

1. Space requirements are evaluated on the basis of operational requirements and the responsibilities of staff personnel assigned to each unit. Assignments of staff work space will be based on function and the guidelines in Attachment F.

2. When possible, administrative and clinical units shall be housed in locations that accommodate the needs of their patients and visitors.

V. Procedures

A. Requests for Additional Space

A flow diagram illustrating the major steps involved in processing requests for additional space is presented in Attachment C.

1. The unit head requests space reassignment or additional space by submitting a Facilities Service Request (FSR) form to Facilities Planning with approval by the Department Chair or Center Director (academic space) or Associate Director (all non-academic). A copy of the FSR is included in Attachment D.

2. For requests that are limited to the reconfiguration of furniture, a Furniture Request should be submitted. Attachment E is a copy of the Furniture Request.

3. The Facilities Planning Department will log the request into the PRISM system and assign it for investigation.

4. An assessment of the request and potential solution(s) will be presented to the Space Planning Work Group for either further assessment or recommendation to the Space Planning Executive Committee for action.

B. Assessment of Need and Options

1. Planning will seek alternatives within existing University owned space adhering to part III of this policy, Allocation and Evaluation of Space.
2. Space needs specific to the Sacramento Campus (in addition to the academic practices above) may include or be driven by:

- Healthcare Codes
- Life Safety issues
- Technical embellishments to improve infrastructure
- Alterations necessary to support Capital equipment installations
- Alterations necessary to support institutional objectives
- Alterations necessary to support unit objectives

3. If space is not available to support a program, Planning may seek alternatives in leased space. The Facilities Planning analysis will include proximity, patient access, parking, and define responsibility for lease costs, tenant improvements, and operating costs. (See section III.F)

C. Space Standards / Programming of Space

Standards based on function and appointments are used to allocate space. Attachment F provides the general standards used to develop a space program. These standards are used as a guideline only. The actual allocation of space may be constrained by the resource availability and/or the configuration of existing facilities.

D. Replacement Space

When new space is provided or developed, the space from which a unit is moved becomes an institutional asset and will be reassigned to an approved use. This means that the old space reverts to the institution for reassignment or re-purposing. It further means that the unit head relinquishes the vacated space upon relocation to new space.

E. Space Inventory

Space inventory is managed by Facilities Planning on the UC system's Facilities Link program. Changes to space assignments must be reported by unit to Facilities Planning on a timely basis to ensure that space database remains accurate. Units have the responsibility to review and update space inventory information at least annually. The Facilities Planning Department is responsible for reporting the inventory to the UCD Campus, Finance and other departments who require summary or unit specific information.
VI. Financial Responsibilities

The high cost of developing and maintaining space requires that all UC Davis Health System units efficiently and effectively utilize space and facilities they occupy. Accordingly, all space requests will be carefully scrutinized by Facilities Planning and the UC Davis Health System Space Planning Executive Committee. Units may be asked to work with Facilities Planning and others to prepare a Business / Academic Justification that includes (1) detailed summary of how existing space is used and allocated; (2) the underlying rationale and justification for the space request; and (3) the alternatives that were considered. Attachment G provides an outline of the key questions that units should be prepared to address when asking the leadership for a significant commitment of space and resources.

For new or remodeled space, units within the Schools of Health may be required to pay for all or part of the facility improvements, equipment, furnishings, IT infrastructure, and other start-up expenses. School funding requests must be approved in writing by the Vice Chancellor / School of Medicine Dean in consultation with the Space Planning Executive Committee. Funding requests from UC Davis Medical Center Departments must be approved by the Hospital CEO. Agreements are formalized in a letter of agreement between involved parties. Initiatives in support of the UCDHS Strategic Plan will generally be given funding priority. The Health System may also establish financial incentives and metrics to help ensure that all clinical, research and office space is efficiently and effectively utilized. To the extent feasible, faculty and staff are encouraged to include the cost of space and facilities in all extramural grants.
Attachment A
Academic Space Assignment Principles

Chairs, Center Directors and Faculty:

1. Department Chairs and Center Directors shall have the responsibility and authority with accountability to the Dean’s Office and as appropriate UCDMC to effectively manage space assigned to their department or center, optimizing the use of limited resources to support the vision and goals of the unit and the Health System as a whole. They are encouraged to periodically review space assignments to ensure that all space assigned to them is utilized appropriately. Space allocations by the unit head should be consistent with the guidelines presented in Attachment F.

2. Department Chairpersons, Center Directors, Vice Chairs, Deans, Residency Program Directors, and Fellowship Program Directors should have private office assignments.

3. Full-Time Faculty: As a general rule, all full-time faculty members should have access to space for confidential, sensitive, mentoring and personal interactions. While a private office provides such, for those faculty whose responsibilities are largely not office based, alternatives for access to confidential space may be provided such as a designated space for private conversations and phone calls. Unit heads shall have the discretion to require faculty to share office space if / when: (1) space is not available to support the assignment of an individual private office to faculty; and/or (2) the duties and responsibilities assigned to a faculty member would mean that they would have a limited need for an office.

4. Part-Time Faculty: Part-time faculty will typically be required to share office space with one or more part-time faculty, at the discretion of the Department Chair or Center Director.

5. Emeritus faculty should be assigned shared office space; consideration should be given to developing a School-wide emeritus faculty center including office and lounge space to welcome emeritus faculty while not providing individual departmental office assignments.

6. Post docs, junior specialists, project scientists, and other academic appointments should generally have shared space.

Trainees:

1. Residents and fellows should be located in shared space.

2. Chief residents may require different shared space with scheduling consideration to allow private office time.
Clinical Staff in the Academic Office Space:

1. Staff physicians in the MSP series are assigned primarily clinical responsibilities and may be assigned shared space in the academic setting, paired with a similar staff physician. Schedules should be constructed to ensure access to private office time. Alternatively office space may be provided in the clinical arena.

2. Nurse practitioners, physician assistants, and other health care professionals should be provided shared office space in the academic offices; alternatively space may be provided in the clinical arena.

3. If the position is primarily for research or clinical trials, job functions and responsibilities should dictate the appropriate office space assignment.

Academic Administrative Support Staff:

1. Staff assignments to office or cubicle space should be based on the position requirements.

2. Chief Administrative Officers and Division Administrators should be assigned private office space.

3. Staff at the PSS grade 5 and above should be considered for office or cubicle space; staff at the PSS 4 and below should be considered for cubicle space. (This grade must be reviewed widely).

4. Access to designated areas for private conversations and phone calls should alleviate the need for private offices for staff that have an infrequent but necessary need for privacy in certain job functions.
Attachment B
Criteria for Allocating Research Space in the Schools of Health

The Vice Chancellor and Dean of Human Health Sciences in conjunction with the Associate Vice Chancellor for Nursing and Dean of the Betty Irene Moore School of Nursing allocates research space to departments or centers (units) within the School of Medicine (SOM) and School of Nursing (SON) using a simple objective formula. The sub-allocation of space to individual faculty, or for shared use, is at the discretion of the department chair or center director (unit heads).

The Basic Formula

Total unit research space (in assignable square feet) = (# of eligible individuals) X (the applicable building and activity-based unit per individual).

Definition of an Eligible Individual (a.k.a., program funded individual, or PFI)

PFIs are the full-time equivalents of research personnel requiring SOM or SON space. Their salary or stipend support must be traceable to a multi-year research program fund source (extramural or departmental). They include: (1) all regular and in-residence series faculty without qualification (counted as 1.0 PFI regardless of percentage of research effort); (2) clinical X and visiting series faculty with extramural or department-sponsored research programs in proportion to their percent research effort; and (3) adjunct and professional research series faculty; technical research staff; graduate students; postdoctoral fellows, clinical research fellows, research nurses, and clinical research coordinators. (Those with 50% or less appointments are counted as fractional PFI; those with greater than 50% appointments are counted as full PFI.) Unit heads may request a limited number of PFIs (3 per 10 principal investigators) for self-funded or partially funded trainees as long as they are registered graduate students, and their faculty mentors are members of a graduate group. Undergraduate students will be counted as 0.20 PFI, provided they work more than eight hours per week on a faculty sponsored research project.

Definitions of Research Activities Influencing Allocation Units per Individual

Different types of activity require different amounts of space. For simplicity, two main types of research activity accrue different quantities of space per PFI:

- Procedure or laboratory-based research, where space is required to perform experimental procedures to gather data, in either a clinical or basic research setting. The allocation unit per PFI depends on the type of floor plan provided by the building utilized. (See below).

- Office-based research, where the primary data consists of patient charts, field reports or other records that are gathered elsewhere and brought to a dedicated research office for review, analysis and storage. The allocation unit is 60 asf per PFI. This assumes 2 PFIs share a standard 90-100 asf office and have access to additional shared storage/support space.
Definitions of Floor Plan Types Influencing Lab-Based Allocation Units per Individual

- Conventional Labs where lab modules are individual rooms approximately 350-450 asf and accommodate 3-4 individuals per room. The allocation unit is 160 asf per PFI. This includes lab space and a portion of shared support space per PFI.

- Clinical or behavioral research space where patients are interviewed or examined in order to gather data may be individual exam, interview or observation rooms. The allocation unit is 90 asf per PFI, but may vary depending upon function.

- Open-bay labs where multiple open bench bays accommodate 3-4 individuals per bay (e.g., Research-3 and the Genome and Biomedical Science Facility). The allocation unit is 120 asf per PFI. This includes a bench bay allocation and a portion of shared lab support space.

Basic Principles of the Policy

The basic metric of research activity that drives the quantity of space allocated by the Dean/Vice Chancellor to units is the number of funded personnel within each unit who are engaged in research and require the use of SOM or SON research facilities.

The responsibility for sub-allocating a unit’s assigned space to individual faculty or programs rests with the unit head. Unit heads may apply the criteria and formulae of the Dean/Vice Chancellor’s policy to guide intradepartmental assignments or they may deviate from the Dean’s guidelines to address individual needs or special circumstances, as they deem appropriate, within the limits of their unit’s total space allocation.

Space allocations by the Dean to units are never permanent and may be adjusted (up or down); depending on changes in units’ research activity / PFI count. This is intended to provide the Dean the flexibility needed to effectively manage existing resources. Similarly, unity heads have the discretion to adjust intradepartmental allocations to meet changing space needs within their unit, even when the total allocation to a unit does not change.

Current data on research personnel (PFI) used to update space allocations may be annually reviewed by the Deans Office, in accordance with campus-wide policy (UCD P&P 360-21 B.1.). Unit’s that, based on their current PFI and assigned space, occupy significantly more space than is justified by the policy will be notified that they are potentially vulnerable to having their space downsized.

To avoid unnecessary disruptions from space reassignments, the Deans Office will take into account short-term fluctuations in grant or other program support for research personnel. This will be done by evaluating two-year rolling averages of a unit’s PFI. Unit heads may provide, at their discretion, additional buffer for faculty whose funding experiences a short-term fluctuation, within the limits of their total unit space allocation. It is recommended that if research space assigned to a PI has been unoccupied by a funded individual (.50 PFI or more) for a period of 6 months and no other suitable space is available, the space may be temporarily used by another PI with an approved new space request. If, after an additional 12 months, the PI to whom the space was originally assigned does not have a funded individual to occupy the space, it may be reassigned. The policy affects only research and research support space. It does not affect
faculty members’ primary academic offices or departmental administrative or instructional
space.

The policy does not apply to research space that is not administered by UCDHS. Faculty who
utilize space administered by other university units (e.g. the Primate Center or CCM) or other
collaborative partners (e.g., VA, Shriners) are subject to the space policies of those facilities.
Faculty whose research needs are fully accommodated in leased facilities do not accrue
duplicate space in a University owned facility.

The Faculty Executive Committee (FEC) established a standing committee, the Research
Space Advisory Committee, to monitor, evaluate and make recommendations regarding this
policy and its implementation. Furthermore, the FEC established at the same time the Research
Space Appeals Committee to hear appeals from individual faculty regarding space allocation
decisions. The chairs and members of these committees may be contacted through the SOM
Faculty Senate Office, 530-752-4781.

Sample Calculation Using Space Policy

A department has six regular series and two adjunct faculty who are exclusively engaged in
bench research (i.e., procedure-based) in Tupper Hall, a facility with a conventional floor plan
consisting of 350-450 asf lab modules and smaller lab support/equipment rooms. Each of the
faculty have the following support and PFIs (assumed to be 100% appointees unless otherwise
indicated):

Faculty A. (Reg series):
grant funded with 1 SRA + 2 grad students + 1 postdoc = 5 PFI

Faculty B. (Reg series):
grants funded with 1 SRA + 1 technician + 3 grad students + 1 associated professional
researcher = 7 PFI

Faculty C. (Reg series, new hire):
start-up support with 1 SRA + 1 grad student = 3 PFI

Faculty D. (Reg series, junior level):
Health System grant with 1 SRA + 1 grad student = 3 PFI

Faculty E. (Reg series):
grant funded with one 50% SRA (@ 0.5 PFI) and one 75% SRA (@1.0 PFI) + 2 technicians + 3
grad students + 2 postdocs + 3 undergrads (@0.2 PFI) = 10.1 PFI

Faculty F. (Reg series):
no grants with no supported personnel = 1 PFI

Faculty G. (Adjunct):
individually funded with 1 SRA + 2 grad students = 4 PFI

Faculty H. (Adjunct):
funded at 80% effort on faculty member A’s grant and working in A’s laboratory = 0.8 PFI
The total PFI in this department is: 33.9

Applying the unit factor for a conventional lab floor plan (e.g., Tupper Hall) of 160 asf / PFI:

This department accrues 33.9 X 160 asf/PFI or 5,424 asf.

(The formula’s target is considered satisfied if the assigned space is within +/- 10% of the calculated amount, according to the limitations and configuration of available facilities).

The chair has the discretion of sub-assigning this space to individual faculty or shared use.
Attachment C  
Space Request Process Flow Diagram

1. Potential Space / Facility Need Identified
   - No Cost / Low Cost Alternatives?
     - Yes
     - No

2. Need Endorsed by UCDHS Administration (UCDMC, SOM or SON)
   - Facilities Services Request Submitted

3. Facilities Modifications Required?
   - Yes
     - Facilities Request Submitted
   - No

4. Potential Solutions Identified / Order of Magnitude Established
   - Substantial Investment Required?
     - Yes
     - No

5. Concept Statement Prepared
   - Consultation with Executive Committee Co-Chairs (agreement to proceed with due diligence)

6. Due diligence: Business Case Analysis (BCA) Developed and Finalized
   - UCDHS Space Planning Work Group review of BCA

7. UCDHS Space Planning Executive Committee BCA Consultation
   - UCDHS Facilities and Campus Planning Executive Committee review of BCA

Done in consultation with:
- Members of the hospital’s medical staff
- Patient care departments
- Support service departments
- Planning and FD&C
- Information Technology
- UCDMC and SOM Finance
- Others

Departments in collaboration with others

UCDHS Space Planning Work Group and Executive Committee

Facilities, FD&C and Finance

*Capital investments required to address unmet space needs must be approved by the Medical Center CEO and/or the Health Sciences Vice Chancellor. Depending on total project cost, additional approvals may be required by UC policy. All major capital projects ($800K+) are incorporated into the UCDHS Capital Plan. The UC Davis Medical Center’s Governance Advisory Council and other Health System faculty and staff periodically review this plan and provide the Medical Center CEO and the Health Sciences Vice Chancellor with advice and comments on project priorities.

UC Davis Medical Center CEO Approval* (must sign initiatives involving the Hospital and Clinics)

Health Sciences Vice Chancellor Approval* (co-signs on large hospital projects and signs all initiatives involving teaching, research and academic offices)

UCDHS Capital Plan *

July 6, 2012
## Attachment D
### Facility Services Request

**UC Davis Health System Facilities and Space Request**

Please use this form if you are requesting additional space or modification to existing building, space or infrastructure. This includes anything ranging from adding an electrical outlet to major construction. If you require furniture only (with no electrical or cabling needs) please use the UCDHS Furniture Request.

<table>
<thead>
<tr>
<th>Log-in Date, Tracking Number and Project Title to be completed by Facilities Planning:</th>
<th>Log-in Date:</th>
<th>Tracking Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Title:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Department Information

To be completed by requesting department:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Key Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Manager:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Department Chair/Assoc. Dir.:</td>
<td>Interoffice Mail Address:</td>
</tr>
</tbody>
</table>

### Is department prepared to fund requested improvements?

- Yes / No

**Approver Signature:**

**Billing Account #:**

Note: your request will not be processed without approval from your department chair or associate director, including requests for estimates. Signed form must be faxed (734-6569) or emailed to Facilities Planning (facility.planning@ucdmc.ucdavis.edu).

### IT Service

Has an IT Service Catalog Request been submitted? If you will require data, computers, phones etc. a separate IT Service Catalog request will be required.

**IT Service Catalog Number (if applicable):**

### Location of Work

<table>
<thead>
<tr>
<th>Building name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building number:</td>
<td>Wing/ Floor:</td>
</tr>
<tr>
<td>Room Number (s):</td>
<td></td>
</tr>
</tbody>
</table>

### Problem Statement / Summary of Work Requested


### Justification / Risk Assessment

Please include any business case analysis, capital equipment approval or other relevant information.
Attachment E
Furniture Request

UCDHS Furniture Request

Please note: This form is for furniture related modifications only. For furniture requests involving any construction, renovation, cabling, electrical or additional space components, please submit a UCDHS Facilities and Space Request form.

Section 1 - For Facilities Planning use only

Tracking No: Log-in Date:

Project Title:

Section 2 - Submitting department to provide ALL information requested below

<table>
<thead>
<tr>
<th>Billing Account Number:</th>
</tr>
</thead>
</table>

Dept Name: Dept Contact: Dept Address: Phone: Fax:

DEPARTMENT MANAGER DEPARTMENT CHAIR / ASSOCIATE DIRECTOR

Name: Name:

Approver Signature:

Note your request will not be processed without approval from your department manager. Signed form must be faxed (734-6569) or emailed to Facilities Planning (facility.planning@ucdmc.ucdavis.edu).

LOCATION OF WORK

Building number: Wing/ Floor: Building name: Room Number(s):

Has an IT Service Catalog Request been submitted? If you will require data, computers, phones etc. a separate IT Service Catalog request will be required.

IT Service Catalog Number (if applicable)

DESCRIPTION OF WORK

( IF APPLICABLE, PLEASE ATTACH COPY OF ERGONOMIC EVALUATION FORM )

Department Managers are required to e-mail completed form as an attachment to: facility.planning@ucdmc.ucdavis.edu
# Attachment F
## Space Guidelines

<table>
<thead>
<tr>
<th>Function</th>
<th>Type of Space</th>
<th>Assigned Square Feet (ASF)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OFFICE SPACES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAIR / SENIOR MANAGEMENT</td>
<td>Private Office</td>
<td>200</td>
</tr>
<tr>
<td>Furnishings may be wood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACULTY</td>
<td>Private Office</td>
<td>110</td>
</tr>
<tr>
<td>Full Time Academic Senate in the Ladder; In Residence and Clinical X Series. Includes independently funded adjunct over 50% time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PART-TIME FACULTY</td>
<td>Shared Office ** **paired with similar faculty, consideration given to schedule when possible.</td>
<td>TBD* Final ASF will be based on office arrangement</td>
</tr>
<tr>
<td>Part Time Academic Senate less than 50% time; independently funded adjunct less than 50% time; and Health Sciences Clinical series with 80% clinical time. Also includes chief residents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FELLOW</td>
<td>Workstation in open area or shared office</td>
<td>25</td>
</tr>
<tr>
<td>RESIDENT</td>
<td>Workstation in open area or shared office</td>
<td>25</td>
</tr>
<tr>
<td>DEPARTMENT MANAGER</td>
<td>Private Office</td>
<td>110</td>
</tr>
<tr>
<td>Includes both academic and clinical department management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSS 5 AND ABOVE</td>
<td>Workstation or Private Office</td>
<td>64/110</td>
</tr>
<tr>
<td>Consider for private office only when space is available and function warrants additional privacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSS 2-4</td>
<td>Workstation</td>
<td>64</td>
</tr>
<tr>
<td>SUPERVISOR</td>
<td>Workstation or Private Office</td>
<td>64/110</td>
</tr>
<tr>
<td>STUDENT</td>
<td>Shared Workstation</td>
<td>25</td>
</tr>
<tr>
<td>AA III SUPERVISOR / PSS 1-2</td>
<td>Workstation</td>
<td>64</td>
</tr>
<tr>
<td>AA I, II, BILLER, MOSC</td>
<td>Workstation</td>
<td>64</td>
</tr>
<tr>
<td><strong>SUPPORT SPACES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference Room</td>
<td>20 SF per person</td>
<td>400 (15-20 people)</td>
</tr>
<tr>
<td>Copy/Work Room Large</td>
<td>Serves 50+</td>
<td>170</td>
</tr>
<tr>
<td>Copy/Work Room Medium</td>
<td>Serves 10-30</td>
<td>120</td>
</tr>
<tr>
<td>Waiting area (Typical office needs 5)</td>
<td># of Chairs x 20 SF</td>
<td>TBD</td>
</tr>
<tr>
<td>Files</td>
<td>12 SF per file</td>
<td>TBD</td>
</tr>
<tr>
<td>Departmental Library</td>
<td>Faculty + Fellows x 15 SF each</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Attachment G
Business / Academic Justification Outline

For projects or initiatives involving a substantial commitment of UC Davis Health System resources, units may be asked to prepare a concise written summary that includes the following major elements:

- **Executive Summary:** Provide a concise summary of the problem statement, the program objectives, the alternatives that were considered, the recommended solution and the financial implications of the proposed solution. Explain how you would address these issues if no additional resources are provided.

- **Key Drivers:** Describe the program goals and unmet needs that are associated with the request. Define schedule constraints and timing objectives.

- **Relationship to Strategic Plan:** Explain how this initiative driving the space request complements the Health System Strategic Plan. Explain how this initiative relates to the core mission of the organization and why you think it should be given priority by the Health System leadership.

- **Other Benefits:** Identify and explain other drivers and opportunities associated with this proposal, e.g. potential gifts, new initiatives or areas of inquiry, research grants or contracts, etc. Explain potential cost savings that may be realized, i.e. salary savings, improved patient outcomes, etc.

- **Planning Considerations:** Explain the issues that are particularly important in assessing the effectiveness of various alternatives (e.g., constraints and risks, adjacency requirements, environmental, community, etc.). Note that these are essentially the most important criteria from the alternatives matrix.

- **Alternatives Considered:** Briefly summarize the alternative solutions that were considered. What strategies were considered? What actions were taken to minimize the need for additional space.

- **Financial Analysis:** Summarize the projected financial and operational impact of the proposed initiative. Clearly define the potential fiscal impact of the initiative and all underlying assumptions regarding projected fund sources, revenues, patient volumes, expenses, staffing assumptions, start-up costs ongoing operational expenses.