The School Board of Broward County, Florida

Facility Planning and Real Estate Department

OFFICE/CUBICLE CONFIGURATION FORM

Tracking Number (To be issued by the Facility Plan	ning & Real Estate Department)		
Name of Requestor	40°-		
Department/Division			
Phone Number	E-Mail		
Is this a request to change the configuration withi	n an occupied office/cubicle? 🗀 Yes 🗀 No		
Is this a request to change the use of existing space	e within a department? 🔲 Yes 🗀 No		
Does this change require any renovations of space	e? 🗆 Yes 🗀 No		
Description of Request (If yes to any of the above, please describe request in detail. Attach sketch of existing/desired configu if applicable)			
Should funding be needed for this request, do you have authorized funds for this project? If yes, state amount available Is there a critical deadline for a decision about this request? Yes No			
		If Yes, When	
		Department Director/Designee	
Signature:	Date:		
TO BE USED ONLY BY	FACILITY PLANNING AND REAL ESTATE DEPARTMENT PROJECT COMPLETE		
Signature:	Date:		
Utility Service Person			
Signature:	Date:		
Manager, Administrative Sites			
Signature:	Date:		
F.S. or Designee			

NOTE: Please return completed form to the Facility Planning and Real Estate Department. This form will be reviewed by Facility
Planning and Real Estate Department. You may be contacted for additional information and site visit will be performed after a decision is made.