**Department/Unit**

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**Building(s)/Location(s)**: If the department/unit is located in more than one building, please list each location.

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**Point(s) of Contact**: If follow up is needed, please list the best people to contact.

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| **Name** | **Title** |
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**IMPORTANT CONSIDERATIONS**

* Minimum 6’ separation (person to person, not desk to desk) must be honored
* Review the [Facility/Space Safety Standards & Recommendations](https://svpo.virginia.edu/sites/operations.virginia.edu/files/SafetyStandards.pdf). Pay special attention to the office space standards (page 3) and reconfiguration (page 7).
* For people in shared workspaces, the continuation of telecommuting, alternating work schedules, and/or opportunities for relocation of staff or faculty to private workspace are **strongly recommended**.
* While this document will be updated, please use the list of recommended conference room capacities as a point of reference - [Fall 2020 Conference Recommended Occupancy](https://virginia.box.com/s/z8r8a2jzva64ke13r81po30x3r4qa6bc). Please anticipate that furniture will be removed or signage will be placed conference rooms based on modified capacities.
* Graduate students with teaching responsibilities without a previously designated workspace/office may need to have use of office/workspace to conduct online instruction.

**INSTRUCTIONS**

**Please use the spaces below to describe space modifications/furniture reconfigurations needed for shared workspaces, office spaces, and conference rooms.**

**Space Modification and Furniture Reconfiguration**, includes one or more of the following:

* proposed change of room/office assignments
* re-arrangement or removal of furniture needed
* partitions needed
* protective panels needed

**You do not need to address the following in your space plan:**

* traffic flow/access & egress
* facial coverings or PPE signage and supplies
* classroom management

**Shared Workspaces Modifications/Reconfigurations**

*Please enter your comments here and identify specific room/office numbers. Indicate (N/A) if no modifications/reconfigurations are needed.*

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**Office Space Modifications/Reconfigurations**

*Please enter your comments here and identify specific room/office numbers. Indicate (N/A) if no modifications/reconfigurations are needed.*

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**Conference Room Modifications/Reconfigurations**

*Please enter your comments here and identify specific room/office numbers. Indicate (N/A) if no modifications/reconfigurations are needed.*

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**Graduate Student Needs**

*Please consider the needs of your graduate students who may need space to conduct online instruction. Please describe the arrangements you will make for them. If this does not apply to your department/unit, please leave this section blank.*

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**Additional Modifications/Reconfigurations**

*Please enter your comments here and identify specific room/office numbers. Indicate (N/A) if no modifications/reconfigurations are needed.*

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**Review & Feedback Notes**

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| **Date:** |  |
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