

University of North Carolina at Charlotte

INTENT TO VACATE FORM

DATE: _____

REPORTING UNIT INFORMATION

Reporting Division/Unit: _____
Submitted by: _____
Campus Address: _____
Email Address: _____

CIRCUMSTANCES OF VACATED SPACE

Description of Vacated Space:

Location of Vacated Space (Building & Room #): _____
Size/Square Feet: _____ Date to be Vacated: _____
Most Recent Use: _____
Reason(s) Space is to be Vacated: _____

Is this the direct result of a relocation of current occupants to a new campus location? Yes No
Will your unit be submitting a Space Request Form for reallocation of this vacated space? Yes No

- If yes, when do you expect to submit that request? _____

REPORTING AUTHORIZATION

Authorized by: _____

Title: _____ Email Address: _____

Submit to: Chip Yensan (Chair, Space Management Advisory Committee) at lyensan@uncc.edu.

Please submit the Intent to Vacate Form at least one month in advance of the target vacating date.

Administrative Use Only

Reviewed by: _____

Actual Date Vacated: _____

Follow-up Notes: