LAS POSITAS COLLEGE

Deferred Maintenance/Small Projects Request

Date Submitted: **Division/ Dept:** **Requestor:**

Project:

Type of Request:

Facility:

- ☐ New Space
- ☐ Renovation of Space
- ☐ Completion of Existing Project
- ☐ Additional Space

☐ Technology/AV

☐ Furniture, Fixtures & Equipment

Please describe.

Is this in the Master Plan? (Check all that apply) ☐ Education ☐ Facilities ☐ Strategic ☐ Other (please explain)

Justification: ☐ SLO ☐ Program Review ☐ Other (please explain)

Mandated Requirements: ☐ Regulatory/Safety ☐ Accreditation ☐ Student Success
Please explain:

Who are the Target Users? How might this benefit other users or programs/services?

Signatures:

_____	_____	_____
Requestor	Dean	IT Reviewed

Request Approved: ☐ Yes ☐ No

Approved by:	<Approver>
Title:	<Title>
Date Approved:	<mm/dd/yyyy>