SD40/MSAD OFFICE SPACE REQUEST

TO:	FROM: (Check appropriate requestor) ☐ Department Manager - SD40 ☐ Group Leader - SD41 ☐ Group Leader - SD42 ☐ Group Leader - SD43 ☐ Group Leader - SD44 ☐ Group Leader - SD45 ☐ Group Leader - SD46 ☐ MSAD Resource Team Lead - SD02	
Requestor Name:	Requestor Signature:	Date Submitted:

EXPLANATION OF REQUESTED OFFICE SPACE

Who needs the office space? (Identify name of individual requiring office)	☐ Civil Servant ☐ Contractor Grade: _____ ☐ Team Lead ☐ Senior Engineer ☐ Specialist
When is the office space needed? (Specify date employee will be on board)	

OFFICE SPACE GRANTED WILL BE PER MPD 8812.1

Where does the employee need to be placed? (Building preference - No guarantees)

Why? (Provide appropriate justification)

ACTION

Office Space Request: ☐ Accepted ☐ Denied

_____ _____

Lou Ann Fikes, SD40 Date

Attach this request to the MSFC Form 915, Move Request.