**COVID-19 Space Modification Request Form**

Updated: July 13, 2020

Version 1.0

Please note that it is the responsibility of each occupant and department to create a safe working environment, congruent with Lehigh University and CDC guidelines related to COVID-19. The University has provided the following resources for departmental use, updated frequently:

* [COVID-19 Campus Office Protocols](https://docs.google.com/document/d/1rkPIs8BnD43nhJVIMmcjAYL1pRgxHV-m-yvF9YG9SFA/edit?usp=sharing)
* COVID-19 [Design Guide](https://drive.google.com/file/d/12_SCpixtZPe9Ifd-y-swJSxPKNlMWrUh/view?usp=sharing) for Social Distancing
* [COVID-19 up-to-date information](https://www2.lehigh.edu/news/updates-on-novel-coronavirus)

This form is intended to be used for requests that cannot be accommodated by following the above guidelines, nor by behavioral and/or procedural modifications at a departmental level.

All buildings, regardless of occupancy or use, will have the following modifications made without the need for submitting a space modification request:

* Informational physical and digital [signage](https://docs.google.com/document/d/1hHIiVR1KQLV9_lW5JCK6W1RC0yFH5jph_ngQNgFcVsY/edit?usp=sharing)
* Disconnection of selected restroom sinks, hand dryers, and water fountains
* Building access control
* Frequent cleaning and disinfection

Modified classroom layouts are being developed with Facilities and RAS. It is the expectation that meetings will continue to be held remotely whenever possible, and conference rooms are not to be used at this time.

Completed forms should be emailed to [**incovmod@lehigh.edu**](mailto:incovmod@lehigh.edu)

|  |  |
| --- | --- |
| Date: | Building: |
| Requested By: | Area/Room #: |
| Email: | Building Manager: |

|  |
| --- |
| Departments Served by this Request:  Description of Modifications Needed: |

**Choose either ‘Yes’ or ‘No’ for the following:**

|  |  |
| --- | --- |
| I require furniture labeling to enforce social distancing requirements (ex. “Site Here”, “Do Not Sit”, etc.) | Yes No |
| I require furniture relocation within the space | Yes No |
| I require furniture storage/removal. Note: Lehigh has limited furniture storage capacity, so storage will be explored as a last option only | Yes No |
| The current layout requires modifications in order to adhere to social distancing requirements | Yes No |
| I have a reception desk / transaction counter that will require sneeze guard plexiglass barriers | Yes No |
| I require specific signage for this area | Yes No |

Authorizing Signatures:

|  |
| --- |
| Department Chair / Director: |
| Dean or Vice President: |