

Instructions for Request for Change to Facilities (RCF)

A **Request for Change to Facilities** is required when one or more of the following is needed for any item in any ECU facility:

- Alteration of space and/or fixed in place products within
- Addition
- Program Change

General Examples that would require an RCF form to be completed:

- Adding a lock to a door/changing a lock core for reasons other than emergencies
- Carpet replacement or addition
- Adding an electrical plug/switch
- Moving permanent in place fixtures off of a wall or relocating
- Adding plumbing fixtures

A **Request for Change to Facilities** is subject to budget and time constraints and must be reviewed for cost & feasibility before completed. An **RCF** must also comply with current ADA (Americans with Disabilities Act) regulations.

Once all signatures are obtained and the **form completely filled out**, forward it to the appropriate office listed below, under which your department reports. That office will submit the RCF request electronically to be reviewed by Project Administration:

- Departments designated by the Provost
- Office of Athletic Director
- Office of VP for Finance and Administration
- Office of VP for Student Affairs

If the primary purpose of the space is being changed, the request will automatically be forwarded to the Provost, VP for Finance and Administration, Athletic Director or the VP for Student Affairs for additional approvals.

Any questions concerning RCFs should be emailed to RCF@eku.edu.

NOTE: Any other request that does not follow under the above Request for Change to Facilities guidelines should be forwarded via a [Facilities Services Work Order form](#), obtained from ECU forms web page, to the Building Supervisor for submission.

EASTERN KENTUCKY UNIVERSITY

REQUEST FOR CHANGE TO FACILITIES (RCF)

(All fields must be completed or the RCF will not be processed.)

Requestor Name _____ Phone _____ Date _____

Requestor Signature _____ Dept. _____

SPECIFIC REQUEST DETAILS (Include justification & crucial dates, rough drawings and/or digital pictures - attach information as needed.)

Have you spoken to a Project Administration or a Facilities Services employee about this project? **Yes** ___ **No** ___

If yes, give name here & provide details in 'Specific Request Details' section above _____

Building _____ Room/Area _____

Is this project self-funded (paid for by requestor) Yes _____ No _____

If self-funded, enter amount budgeted* _____ Budget Org _____

Is the primary function of this space being changed (repurposed)? No ___ Yes ___

If Yes, specify previous purpose and new purpose _____

Name and address of budget manager _____

Budget Manager Signature Phone & Fax Date

Department Chair Signature Phone Date

Dean/Division Director/Associate Vice President Phone Date

Requested completion date _____

Circle Yes or No for each service

Carpet	Yes	No	Carpentry	Yes	No	Electric	Yes	No	Glass	Yes	No
HVAC	Yes	No	Locksmith	Yes	No	Painting	Yes	No	Plumbing	Yes	No
Relocation	Yes	No	Signage	Yes	No	TV/Cable	Yes	No	Voice/Data	Yes	No

***NOTE:** Budget information may be adjusted if project is approved and estimates provided.

Completed forms must be submitted to appropriate office and request entered electronically, as directed on the instruction sheet.

Requestor will receive an email that includes a project tracking number used for review and/or cost estimate.

Questions regarding RCFs should be forwarded to rcf@eku.edu.