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| **OFFICE ACCOMMODATION REQUEST FORM** | Click here to enter text. |

PART 1: AGENCY CONTACT DETAILS

|  |  |
| --- | --- |
| Agency |  |
| Agency Representative |  |
| Position |  |
| Phone |  |
| Email |  |
| Lease Procurement Manager |  |

|  |  |
| --- | --- |
| Agency representative has read the office accommodation request guide. | Yes  No |

|  |  |
| --- | --- |
| Current premises *(if applicable)* |  |
| Current lease ID *(if applicable)* |  |

PART 2: REQUEST DETAILS

*Accommodation Request Details*

|  |  |
| --- | --- |
| Type of request | New lease *(at a new premises)*  Renew lease *(at the existing premises)*  Assignment of lease  Other *(please specify)* |
| Fit-out Requirements: Will a new fit-out or fit-out modifications be required as part of this request? | Yes  No  *(if Yes, please also complete the relevant* [*New Fit-out Works*](https://www.wa.gov.au/system/files/2019-10/Government%20Office%20Accommodation%20New%20Fitout%20Works%20Request%20Form_1.doc) *or* [*Office Alteration Works*](https://www.wa.gov.au/government/publications/government-office-accommodation-office-alteration-works-request-form) *form)* |
| Agency intention  *(including details and rationale of request)* |  |
| Business unit(s) and function(s)  *(refers to the business unit which will occupy the space)* |  |
| Was this requirement included in your 10-year Strategic Office Accommodation Plan (SOAP)? | Yes  No  *(If no, please provide explanation)* |
| Proposed lease term | Lease commencement date:  Lease expiry date:  Term:  Options: |
| Details of the special operational areas that are required within the premises *(if applicable).*  *Please provide sqm of each item.* |  |

*Specific Requirements that are Essential to the Agency’s Service Delivery*

|  |  |
| --- | --- |
| Locational requirements |  |
| Proximity to public transport |  |
| Base building requirements |  |
| Security requirements |  |
| Other |  |

PART 3: OFFICE ACCOMMODATION REQUEST REPORT

Refer to Attachment 1.

PART 4: FUNDING

|  |  |  |
| --- | --- | --- |
| Agency has funding for: | Consultant fees:  Recurrent lease costs:  Make good costs:  Capital costs:  Relocation costs: | Yes  No  N/A  Yes  No  N/A  Yes  No  N/A  Yes  No  N/A  Yes  No  N/A |
| Funding source:[[1]](#footnote-1) | Consolidated Account  Self-funded ( %)  Commonwealth Government  Other (please specify) | |
| Comment |  | |

PART 5: AGENCY APPROVAL

I understand that my agency is responsible for any make good or other costs associated with vacating existing premises in accordance with the lease and approve the information outlined in this accommodation request form.

I also understand that the Department of Finance will report any change in lease costs to the Department of Treasury and Expenditure Review Committee, allowing budget adjustments to occur and identified savings (if applicable) to be returned to the Consolidated Account.

|  |  |
| --- | --- |
| Approved by  **Agency delegated authority** | Name:  Position title:  Signature:  Date: |

OFFICE ACCOMMODATION NEED

|  |  |  |
| --- | --- | --- |
|  | Current premises *(if applicable)*  Please provide an explanation if the current details are different to the most recent SOAP data provided. | Agency’s office accommodation need |
| Address |  |  |
| Building owner | Choose an item.  *(If other, please specify)* |  |
| Lease ID – for GOA use only |  |  |
| Lease commencement date |  |  |
| Lease expiry date |  |  |
| Lease term |  |  |
| Lease options |  |  |
| Total net lettable area[[2]](#footnote-2) |  |  |
| Total special operational area *(if applicable)* |  |  |
| Total headcount at premises[[3]](#footnote-3) |  |  |
| Total headcount in special operational requirement area *(if applicable)* |  |  |
| Total workpoints at premises[[4]](#footnote-4) |  |  |
| Number of workpoints in open plan area |  |  |
| Number of workpoints in enclosed workspace *(enclosed offices[[5]](#footnote-5))* |  |  |
| Number of workpoints in quiet rooms[[6]](#footnote-6) |  |  |
| Number of workpoints in special operational requirement area *(if applicable)* |  |  |
| Number of fleet car bays |  |  |
| Number of GVS / SVOS car bays[[7]](#footnote-7) |  |  |
| Number of visitor bays |  |  |
| Of the bays listed above, how many require EV chargers? |  |  |
| Workspace density (13 sqm) – for GOA use only |  |  |
| Workspace ratio (1:1) – for GOA use only |  |  |
| Will the existing premises still be required? *(if applicable)* | Yes  No |  |
| Will the request result in vacant space or workpoints that will need to be backfilled? *(if applicable)* | Yes  No |  |
| What is to be vacated? *(if applicable)* | Area (sqm):  Number of workpoints: |  |

1. Where the funding is not from the Consolidated Account, please provide details on the source, terms, conditions and any other additional information to explain the funding arrangement(s). [↑](#footnote-ref-1)
2. Total net lettable area refers to the sum of all floor lettable areas that a tenant occupies in a building, and may include shared and storage areas as negotiated. The total lettable area includes total special operational requirement areas. [↑](#footnote-ref-2)
3. The number of staff includes permanent, contract and temporary staff and any external parties). [↑](#footnote-ref-3)
4. A workpoint includes a desk, enclosed office or counter where it would be reasonable to expect a person to carry out office work on an ongoing basis, irrespective of whether it is shared, used on a part-time basis or used as a hot desk. [↑](#footnote-ref-4)
5. When requesting an allocated enclosed office, agencies are required to attach supporting information including the position title, level and function of the personnel to occupy the office. Refer to Government Office Accommodation Standards, Standard 3.4 Enclosed Workspaces [↑](#footnote-ref-5)
6. Quiet rooms are usually 6 sqm in size and have voice communication and data network access. [↑](#footnote-ref-6)
7. Refers to the number of car bays for government vehicles that are provided to staff through the Government Vehicle Scheme and Senior Officer Vehicle Scheme as per the *State Fleet Policy*. [↑](#footnote-ref-7)