

WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Operational Memorandum			(OM: 2.A.1
Sacramento City College				
	Facilities Modification Request Forn	n		
of new projects for facilities replacement of the existing un		fications ement it.	s. This pro	cess is not a
Dean / Supervisor:		Date of	f Request	
Project Location:				
Desired "Move-In" Date:				
Please select box/boxes below	w for the project requested:			
Room Configuration			New Con	nputer Lab
Employee Work Static	on		Other	
IT Modification			Emergen	•



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Project

Please describe the proposed project and include the following information:

- 1. General overview of project
- 2. How it would benefit the College
- 3. Hot it would impact equitable academic achievement across all racial, ethnic, socioeconomic and gender groups.

Data – Please include the following

- 1. Number of students in program, if applicable
- 2. Actual usage rates for existing space, if applicable
- 3. Any other data pertinent to this project and its potential impact to student success.



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Fund	ing	Source:
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Available Funding:

APPROVALS		DATE
Dean/Mgr Printed Name:	Signature	
AVP/Mgr Printed Name	Signature	

VP Review Team Section Only

Date Reviewed by VPRT:

History of Project