



FIELD OFFICE NEEDS ASSESSMENT

Location: _____

Description of Function: _____

Reason for Request: _____

Headcount Addition: ☐ Yes ☐ No

Headcount Reduction: ☐ Yes ☐ No

Close Current Office: ☐ Yes ☐ No

Headcount Projection

	Current	Year 1	Year 2	Year 3	Year 4	Year 5
Director						
Manager – Sales						
Manager – Development						
Engineer						
Admin						
Sales						
Telecommuter						
Other						
Total Headcount						

Customer Spaces

Does this office receive visitors? ☐ Yes ☐ No

If yes, how many at one time? _____

What will they be doing here? _____

How often? _____

Support Spaces

Tell us about specialized rooms in your current space that we should duplicate:

Lab Requirements

If required, explain purpose, quality and size requirements:

Signature Approvals

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

Next Level Manager Signature: _____ Date: _____