



## 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						
<b>Total Headcount</b>						

### 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: \_\_\_\_\_