



TEXAS TECH UNIVERSITY

Operations Division Planning  
& Administration

## Program of Requirements (Summary)

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**Organization Name:**

**Completed By:**

**Phone:**

**Email:**

**Occupants (Full Time):**

**Occupants (Part Time):**

*Please attach an organization chart for your unit.*

Describe the functions and responsibilities of your department/office, the major services, and recipients of those services.

Describe the basis that you are using to project future staff increases or decreases.

Which positions may require fully enclosed offices?

**Fixed Equipment:**

**Movable Equipment:**



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### *Conference Room Needs*

Check the appropriate box for conference room needs.

Number and Length of Meetings	Number of Attendees					
	1-3	4-7	8-12	13-17	18-24	25+
Average Number of Meetings per Week						
Average Length of Meetings (minutes)						

### *Visitors*

Check the appropriate box for the average number of daily visitors to your unit and identify the peak number of visitors.

Type of Visitors	Number of Visitors					
	1-3	4-7	8-12	13-17	18-24	25+
Faculty						
Staff						
Students						
Public Visitors						
Peak Number of Visitors (any one time)						

### *Special Support Areas*

Include storage rooms, coffee/break rooms, copy rooms, reception space, etc.



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### *Special Requirements*

1. Non-Standard utility requirements for equipment (electrical, plumbing, etc.)
2. Special types or finish for floors, walls, ceilings, etc.
3. Other than normal sized doors
4. Special ceiling heights
5. Special operating hours
6. Unusual environment tolerances for humidity and temperature



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7. Special visual or sonic environment needs or tolerances

8. Affinity (Required adjacencies to other facilities, resources, or organizations.):

9. Special security requirements:

Additional Requirements