



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: _____