# ROC
# Off-Cycle Request Form

Requests not submitted within the timeframe of the Program Review process

**Date of Request:** _____

**Requestor:** _____

**Department:** _____

**Title of the Request:** _____

*Reason for Off-Cycle Request:*

____ Functional failure of essential item or equipment that significantly hinders the function of the department.

____ Broken item or equipment resulting in health or safety issue.

____ Time sensitive needs due to program changes. Please describe:

____ Other: please describe:

**Please explain why this request is being submitted outside the program review submittal timeline (limit 200 words).**

*Please complete the following questions to support and demonstrate the need for your request:*

1.  Please provide a detailed description of the item(s) requested.

2.  Please provide details explaining how this request meets the following criteria:

____ Health and safety
____ Critical need
____ Program expansion/innovation
____ Impact on student success/access
____ Equity/antiracism
   Please explain how this request fits with the selected critiera:

3.  What is the impact to your department if this request is not funded? Please explain

4.  Total Cost of Ownership:
   Your requested item may incur ongoing expenses. What are the ongoing expenses associated with your request? If there are ongoing expenses, please detail how you plan to support these costs with your existing budget by completing the table below.

|  | Cost | Additional Information (optional) |
|---|---|---|
| **Initial Cost of Item** |  |  |
| **Service Agreements /Warranties** |  |  |
| **Maintenance** |  |  |
| **Upgrades** |  |  |
| **Impacts to Staffing** |  |  |
| **Replacement Costs** |  |  |
| **Other:** |  |  |
| **Total** | $               - |  |
| **Amount available in department budget to support this request Smartkey:** |  |  |
| **Remaining requested amount** | $               - |  |