

PROGRAM SUMMARY

Project Name WCB Issue Date 3/18/2014
 Project Address 455 Wheeler Rd.-Hauppauge Program Date 3/14/2014
 Project Manager MR Project # 4558

Dept #	Department	Workspace Type & Square Footage								Total Wrksp Count	Areas (Square Feet)				
		Workspace Quantities									Work-space SF	Support SF	Worksp.+ Support SF	Circuitn 25% 1.33	Total Req'd Carpetable (CSF)
		Enc. Offices				Workstations									
		A	B	C	D	E	F	G	M*						
01	Operations-Claims-w/unit support					4	12			16	828	7,575	8,403	2,801	11,204
02	Operations-CMO					2	7			9	463	0	463	154	617
03	Operations-DO	2	1					2		5	523	0	523	174	697
04	E-Claims									3	147	0	147	49	196
05	Judges Bureau									12	588	0	588	196	784
06	Hearing Reporters					1	11			12	599	0	599	200	799
07	Hearings/Security									3	147	0	147	49	196
08	Enforcement					1	4			5	256	0	256	85	341
09	Vocational Rehab.									2	98	0	98	33	131
10										0	0	0	0	0	0
11										0	0	0	0	0	0
12										0	0	0	0	0	0
13										0	0	0	0	0	0
14										0	0	0	0	0	0
15										0	0	0	0	0	0
16										0	0	0	0	0	0
										0	0	0	0	0	0
Grand Total		2	1	0	0	8	56	0	0	67	3,649	7,575	11,224	3,741	22,540
										Wrksp	Wrksp SF	Support	Total W & S	Circulation	Grand Total

Estimated Loss Factor	
Estimated Add on Factor	1.00
Total Rentable SF	22,540

Approval		
John OHara		
Title	Date	3/18/2014

* Support Space Staff - Workstation Included in Support Areas

NOTE Only change the numbers on 'BLACK'
 The numbers in **RED** are the formulas, and chanGing those will ADVERSELY affect the entire spreadsheet

Personnel - PROGRAM SUMMARY

Project Name **WCB** Issue Date 3/18/2014

Department Name: **D.O.** Program Date 3/14/2014

Department No.:

No.	Personnel Name (if Available)	Job Title	Division (If Applicable)	Office Type	Comments
P01		WC Program Mngr.	DO	A	
P02		Sr. Comp. Cl. Ref.	DO	A	
P03		Visitors Claims	DO	B	
P04					
P06					
P07					
P08					
P09					
P10					
P11					
P12					
P13					
P14					
P15					
P16					
P17					
P18					
P19					
P20					

Summary Office Types	
A	2
B	1
C	0
D	0
E	0
F	0
M	0
Division Total	3

Support Areas - PROGRAM SUMMARY

Project Name WCB **Issue Date** 3/18/2014
Department Name: Name Here **Report Date** 3/14/2014
Department No.:

No.	Area Name / Use or Equipment furniture name/use	Personnel Capacity	Quantity	SF (each)	Total SF	Special requirements / Comments	Add'l Info *
S01	Conf. Rm.-Lg.	16	1	250	250		
S02	Mail Rm.		1	200	200		
S03	Conf. Rm.-Exec.	12	1	200	200		
S04	Conf. Rm.-Med.	8	2	150	300		
S05	Conf. Rm.-Sm.	4	2	100	200		
S06	Video Conf. Rm.		2	175	350		
S07	Security Booth		1	250	250		
S08	Hearing Rm.		7	300	2,100		
S09	Board Rm.		1	350	350		
S10	Waiting Area		1	800	800		
S11	Cust. Serv. Booth		1	400	400		
S12	Interview Rm.		3	100	300		
S13	Staff RR		2	200	400		
S14	Attn. Rm.		1	500	500		
S15	Shared Office-IG	2	1	225	225		
S16	Server Rm.		1	250	250		
S17	Storage Rm.		1	200	200		
S18	Break Rm.		1	300	300		
S19							
S20							

TOTAL	42	30	4,950	7,575			
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* If checked See Room Data Sheet

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