University of California
Fiscal Year 2002-03
Operations & Maintenance of Plant (OMP)

FORM 5-B
New Workload Request Summary

Campus:

Project Name	*CAAN Number(s)*	*Date On-Line (or Off-Line)*	*Total OMP Addition (or Reduction) Request* *(MGSF)*	*Multiplied by Percent of Year Occupied (or Released)* *(%)*	*Equals New Workload Request* *(MGSF)*	*New Workload Approved* *(MGSF)*	*Difference* *(MGSF)*	*Comments*
						(To Be Completed by OP Budget Office)		
					0		0	
					0		0	
					0		0	
					0		0	
					0		0	
					0		0	
					0		0	
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					0		0	
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					0		0	
					0		0	
					0		0	
					0		0	
					0		0	
					0		0	
Total			**0**		**0**	**0**	**0**	