MOVE REQUEST

Name: _____________________________ Date Submitted: ____________

REQUEST

☐ Office Move (Requires Cabinet Approval)
☐ Classroom Rearrangement
☐ Furniture Assembling
☐ Surplus Equipment

☐ Computer Relocation*
☐ Phone Move*
☐ Other (Specify)

* May require outside vendor, and costs will be covered by requesting department.

Additional Information:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

PROCESS FOR AN OFFICE MOVE

☐ Contact Campus Services, Move Coordinator, X-2265
☐ Contact IS for Phone & Computer Moves, X-2250
☐ Tag furniture to be moved
☐ File cabinets need to be emptied and contents boxed
☐ Provide diagram of new office layout for furniture, file cabinets, etc. location
☐ Contact Campus Services, X-2267, about mail services and surplus property

Comments regarding office move, furniture setup, assembling, etc.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

FOR OFFICIAL USE ONLY

Approved by:

_____________________________________    _______________
Supervisor or Dean        Date

_____________________________________    _______________
Vice President        Date

_____________________________________    _______________
Cabinet (for office move only)        Date

When approved, send a copy to: Campus Services, IS Department