

OFFICE ASSIGNMENT / RELOCATION REQUEST FORM

NAME: _____

PHONE #: _____

CURRENT LOCATION INFORMATION

BUILDING: _____ OFFICE #: _____

PROPOSED LOCATION INFORMATION

BUILDING: _____ OFFICE #: _____

FURNITURE/OFFICE CONTENTS

DESCRIBE IN DETAIL FURNITURE AND OFFICE CONTENTS TO BE MOVED

DESCRIBE IN DETAIL OTHER NEEDED SERVICES (Information Technology, Telecommunications, etc...)

TIME LINE FOR MOVE: _____ (minimum 10 working days prior notice required)

APPROVALS

SUPERVISOR _____ VICE PRESIDENT / DEAN _____

DATE _____ DATE _____

For Physical Plant Use Only

Date Move Accomplished	Date Old Key Turned In	Date New Key Assigned