



SPACE ALLOCATION MOVE REQUEST

Instructions: All allocation of work space, office moves, and relocations must be approved *prior* to any occupation of space. Approval is complete only after completing the application process and the application form is submitted and approved by all necessary parties.

- **Step 1:** Complete this form and submit to your appropriate Dean or Director for approval.
- **Step 2:** After Dean or Director’s approval, submit form to Facilities Operations for review and approval.

REQUESTOR INFORMATION

Name		Telephone
Department/Title	Dean or Director	
Primary Move Criteria (check all that apply)		
<input type="checkbox"/> Change in job function <input type="checkbox"/> Medical or ADA accommodation <input type="checkbox"/> New Hire <input type="checkbox"/> Operational efficiency (<i>as it pertains to the strategic master plan, PURs, AURs, educational master plan, enrollment management plan and facilities master plan</i>)		
Secondary Move Criteria (check all that apply)		
<input type="checkbox"/> Employment status <input type="checkbox"/> Recruitment <input type="checkbox"/> Retention <input type="checkbox"/> Length of Service <input type="checkbox"/> Personnel Related Matters		
Explanation for move request		

EMPLOYEE / PERSON MOVING INFORMATION

<input type="checkbox"/> Academic employee <input type="checkbox"/> Administrative employee		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		
Name		Employee ID #		
Existing Information				
Existing Department		Existing Position/Title		Existing Location
Existing Supervisor			Existing Dean/Director	
Existing Telephone		<input type="checkbox"/> Forward Existing Number <input type="checkbox"/> New Number		Existing Fax Number <input type="checkbox"/> Forward Fax Number <input type="checkbox"/> New Number
New Information				
New Department (<i>if applicable</i>)		New Position/Title (<i>if applicable</i>)		New Location (<i>proposed</i>)
New Supervisor (<i>if applicable</i>)			New Dean/Director (<i>if applicable</i>)	

Additional Information
<input type="checkbox"/> Request New Keys (Please complete Key Request Form) <input type="checkbox"/> Request New Office Sign
List all furniture and equipment to be relocated
<p><i>Please note: Computers, peripherals and phones stay with the department/position unless otherwise directed by IT.</i></p> <p><i>Questions? Please contact IT at 673-7800.</i></p>

FOR INTERNAL USE ONLY

IT	<input type="checkbox"/> Directory Change Info
HR	<input type="checkbox"/> Changes
Controller	<input type="checkbox"/> Account/Fund Access Changes
Facilities	<input type="checkbox"/> Log Changes in Database
Dean/Director Comments	
<input type="checkbox"/> Move Approved <input type="checkbox"/> Move Denied	
NOTE: You may type your name into the "Signature" line below, signifying that you have read and approved/denied this request.	
Dean/Director Signature	Date
Facilities Operations Comments	
<input type="checkbox"/> Move Approved <input type="checkbox"/> Move Denied	
NOTE: You may type your name into the "Signature" line below, signifying that you have read and approved/denied this request.	
Facilities Signature	Date