

Office Move Request Form

For Current faculty/staff:

Employee Name	Division	From/Bldg./RM #	To/Bldg./RM #	Date of Move

Reason of Move: _____

For new faculty/staff:

Employee Name	Location/Building	RM #	Date of Move

Division Chair: _____ Date: _____

Dean: _____ Date: _____

VP/Finance: _____ Date: _____

- * Relocation of faculty requires Dean's, VP/Finance approval before any arrangements are made.
- * Once Finance approves, you may contact Maintenance and IT to submit work orders.
- * Send a copy of this form to HR for directory information.