

# Office Move Request

Date:

## Request By:

Full Name	<input type="text"/>
Banner ID	<input type="text"/>
Position/Title	<input type="text"/>
Department	<input type="text"/>
SCSU Email	<input type="text"/>
Phone No.	<input type="text"/>

Supervisor Name	<input type="text"/>
Supervisor Email	<input type="text"/>
Supervisor Phone	<input type="text"/>

Banner Fund #  Org #  Account #

Current Location (Building, Room Number)

New Location (Building, Room Number)

Justification for the move:

Type of Move

Desired Move Date (Allow at least 4 weeks for scheduling)

Office of Information Technology  
Facilities Operations  
Southern Connecticut State University  
helpdesk@southernct.edu

This is a *request* to relocate your office. Except special circumstances, request for office move must be submitted at least four weeks before the anticipated move. This request must be approved by your Vice President. Your request will be processed in the order of receipt and scheduled into the next available "campus moving day". Please read the "Office Move Procedures" available at the OIT and Facilities web sites for detailed instructions.

Check All Items to be Moved (in addition to your boxes):

- Furniture (provide an itemized list below)
- Telephone (only phone number will be transferred)
- Computer
- Printer or other large computing equipment

Please Provide an Itemized List of the Objects to be Moved (in addition to your boxes):

Check All New Installations in New Location (All costs will be billed your department):

- Furniture
- Network Data Jack
- Telephone Jack
- Mechanical Work (Electrical, Plumbing, etc.)
- Cosmetic Work (Painting, Carpeting, Cleaning, etc.)
- Renovation (Doors, Cabinets, Windows, etc.)

Please Provide an Itemized List plus Description of the New Installations:

Requester's Name:

Requester's Signature:

Date:

Supervisor's Name:

Supervisor's Signature:

Date:

VP's Name:

VP's Signature:

Date:

If the new space is owned by another administrative unit, you must also receive approval of that unit's Vice President:

VP's Name:

VP's Signature:

Date:

**\*\*\* PLEASE MAKE A DUPLICATE OF THIS FORM AND SEND ONE COPY TO TOM STRUBLE (FACILITIES OPERATIONS ROOM 120) AND ONE COPY TO NICK VALSAMIS (HELP DESK) \*\*\***