

SPACE CHANGE OR MOVE FORM

Please complete this form for any occupant or room use changes. (Elective construction/remodels or major department furniture replacements should be requested on a separate form.)

Select One:

Occupant is moving Only OCCUPANT is changing Only ROOM USE is changing Space is newly acquired or created for this department Other: _____

Occupant: _____ Department: _____

Occupant Group: Director Faculty Staff

Room Use: Office Storage Other _____

Current Location (Complete this section for all Room Use changes, Occupant changes or Acquisition of New Spaces)

Building Name: _____ Room #: _____

This Department will no longer occupy this space.

New Location (Complete this section for any moves)

Building Name: _____ Room #: _____

Moving Information

Effective dates of this move (if temporary) From _____ To _____

This is a Permanent move Proposed Move Date: _____

Items to be Moved or Dismantled (Attach extra sheets if needed) _____

Who may we contact if we have questions?

Name: _____ Phone: _____ Email: _____

Authorizations ALL signatures are REQUIRED to complete this form.

Requestor _____ Date _____

Director / Dean _____ Date _____

Vice President _____ Date _____

Approval

Recommended By _____ Date _____
Brian Smith, Facilities Management Director

Approved By _____ Date _____
Administration & Finance

Date Notified Facilities Management Use Only

Custodial _____ Security _____ Post Office _____ Facilities _____