**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