Request for Office Move



Employee N	ame	Department		
Current Buil	ding	Current Room		
New Buildin	g	New Room		
	ltems to	o be moved		
Current Locat	tion			
Phone number		# of network drops*		
Computer*		# of boxes		
List all furniture to be moved				
New Location				_
			Yes No	
	Install Phone Line			
	Use the existing Line. What is the exi	sting number?		
	Install network jacks* - How many?			
	Activate Current Network Drops* - He	ow many?		
	Repairs Needed			
*Must be ap		and/or network drops, plac ould be installed and/or acti		red locations to indicate
List Repairs Needed Here Use additional paper, if needed.				
Please provide a	diagram of desired furniture arrangen	nent .		
	t form must be processed by employed access changes. Contact the Business			
Department Head	d	Date		
Dean/Assoc. Dea	n	Date		