

**UNIVERSITY MOVE REQUEST FORM**  
**TO ADD/MOVE PERSONNEL OR CHANGE SPACE FUNCTION**

This form is to be filled out by a supervisor.

**A. CONTACT INFORMATION**

Supervisor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Dept: \_\_\_\_\_

Telephone: \_\_\_\_\_

**B. EMPLOYEE INFORMATION** (Please provide information on the person proposed to be moved. If the request is for more than one person moving to the same new location, fill in Section B on another Request Form and submit with this one.)

**Name and Job Title of Employee to be Moved:**

**Present Location:**

**Proposed New Location:**

\_\_\_\_\_

Bldg. \_\_\_\_\_

Bldg. \_\_\_\_\_

Rm. # \_\_\_\_\_

Rm. # \_\_\_\_\_

Proposed Occupancy Date: \_\_\_\_\_

☐ Current Staff

☐ New Hire

☐ Full-Time

☐ Part-Time

**If current staff, please provide e--mail address:**

\_\_\_\_\_

Banner ID No. \_\_\_\_\_

Payroll FOAP No. \_\_\_\_\_

Grant Funded?

☐ Yes  
☐ No

Name of Grant: \_\_\_\_\_

Dates of Funding: \_\_\_\_\_

What is the reason for the proposed move?

How many people will be moving into the space referred to above as the "Proposed New Location?"

Is there a current occupant or function in the space referred to above as the "Proposed New Location?" If so, where will that person or function move to?

Is there a plan for the space referred to above as the "Present Location" after it is vacated?

## C. DESCRIPTION OF SPACE USE

Space will be primarily used by:

- ☐ FT Faculty
 ☐ Student  
☐ PT Faculty
 ☐ Visiting Faculty  
☐ Staff
 ☐ Other (please specify below)

Primary Space Function will be:

- ☐ Office/Cubicle
 ☐ Research Space  
☐ Conf. Room
 ☐ Support Staff Open Wkstation  
☐ Workroom
 ☐ Other (please specify below)

## D. FURNITURE, EQUIPMENT AND SERVICES REQUESTED

|                                                   |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|-------------------------------------|------------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------|-------------------------------------|
| <b>Furniture</b><br><br>FOAP No.                  | <input type="checkbox"/> New Furniture Needed<br><input checked="" type="checkbox"/> No New Furniture Needed                                                                                                                      | <i>If applicable, please provide details on furniture needs. <b>New furniture orders require 4-6 weeks lead time.</b></i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <b>Telephone</b><br><br>FOAP No.<br><br>Index No. | <input type="checkbox"/> New Service Needed<br><input type="checkbox"/> Transfer Service<br><input type="checkbox"/> Discontinue Service<br><input type="checkbox"/> Fax Line Needed                                              | <b>Telephone services require a 2-week lead time</b><br>(A) If new service is requested, what is the assigned main no. & ext?<br><br>(B) What number should the phone be published under?<br>TISHMAN CONSTRUCTION (NOT PUBLISHED IN DIRECTORY)<br><table> <tr> <td><b>Phone Type (Choose 1)</b></td> <td><b>Level of Service</b></td> </tr> <tr> <td><input type="checkbox"/> Mitel 4001</td> <td><input type="checkbox"/> University only</td> </tr> <tr> <td><input type="checkbox"/> Mitel 4015</td> <td><input type="checkbox"/> Local Calls</td> </tr> <tr> <td><input type="checkbox"/> Mitel 4025</td> <td><input type="checkbox"/> Domestic Long Distance</td> </tr> <tr> <td><input type="checkbox"/> Mitel 4150</td> <td><input type="checkbox"/> International Dialing Pin</td> </tr> <tr> <td><input type="checkbox"/> Aux-No Equipment</td> <td><input type="checkbox"/> Voice Mail</td> </tr> </table> (C) If transfer service is requested, what is the existing main no. & ext? | <b>Phone Type (Choose 1)</b> | <b>Level of Service</b> | <input type="checkbox"/> Mitel 4001 | <input type="checkbox"/> University only | <input type="checkbox"/> Mitel 4015 | <input type="checkbox"/> Local Calls | <input type="checkbox"/> Mitel 4025 | <input type="checkbox"/> Domestic Long Distance | <input type="checkbox"/> Mitel 4150 | <input type="checkbox"/> International Dialing Pin | <input type="checkbox"/> Aux-No Equipment | <input type="checkbox"/> Voice Mail |
| <b>Phone Type (Choose 1)</b>                      | <b>Level of Service</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <input type="checkbox"/> Mitel 4001               | <input type="checkbox"/> University only                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <input type="checkbox"/> Mitel 4015               | <input type="checkbox"/> Local Calls                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <input type="checkbox"/> Mitel 4025               | <input type="checkbox"/> Domestic Long Distance                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <input type="checkbox"/> Mitel 4150               | <input type="checkbox"/> International Dialing Pin                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <input type="checkbox"/> Aux-No Equipment         | <input type="checkbox"/> Voice Mail                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <b>Data Ports</b><br><br>FOAP No.                 | <input type="checkbox"/> New Port(s) Needed                                                                                                                                                                                       | <i>Please provide details on the number of data port needs, if applicable.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <b>Facilities</b><br><br>FOAP No.                 | <input type="checkbox"/> Moving Services Needed<br><input type="checkbox"/> Crates Needed<br><input type="checkbox"/> Cleaning Needed<br><input type="checkbox"/> Room Upgrades Needed<br><input type="checkbox"/> Signage Needed | <i>Please briefly provide details relating to facilities needs, if applicable.</i><br><b>Facilities services require a 2-week lead time.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |
| <b>Security</b>                                   | <input type="checkbox"/> Lock(s) Needed<br><input type="checkbox"/> Key(s) Needed                                                                                                                                                 | <i>Please briefly describe any services relating to security, if applicable. If new keys or locks are requested, please specify how many are needed.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                         |                                     |                                          |                                     |                                      |                                     |                                                 |                                     |                                                    |                                           |                                     |

☐ Card Key(s) Needed

FOAP No.

**Univ. Owned Art**

- ☐ New Artwork Requested  
☐ Artwork Needs to be Relocated  
☐ Artwork Needs to be Stored

*If applicable, please provide the number of artworks and the Art Collection inventory number (found on a label on back of work). If no label is found, please provide brief description of the work(s).*

FOAP No.

Signature of Requestor (Supervisor)

Date

Signature of Dean

Date

***For Planning Office Use Only***

Proposed New Location: \_\_\_\_\_

Current Use of Space & SF: \_\_\_\_\_

Proposed Use of Space: \_\_\_\_\_

Sharing Potential: Yes ☐ No ☐

Date Request was Received: \_\_\_\_\_

Date of Proposed Occupancy: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Request Denied ☐

Adam Reale, Design & Construction

Date

**Forward to:**

- ☐ Purchasing  
☐ Telecommunications  
☐ Information Technology  
☐ Facilities Services  
☐ Human Resources

- ☐ Mail Room  
☐ University Directory  
☐ Security  
☐ University Art Curator/Appraiser  
☐ Requestor

**PROJECT TRACKING NO.**