



MOVE REQUEST

Complete this form, obtain supervisors signature and submit it to the Director of Facilities for appropriate approval routing.

REQUESTOR INFORMATION:

Name

Move From (Building and Room Number)

Preferred Move Date (s)

Move To (Building and Room Number)

DETAILS ABOUT THE MOVE:

Office Items to be moved (check all items that apply):

Item	Quantity	Details
<input type="checkbox"/> Desk	_____	_____
<input type="checkbox"/> Lateral File Cabinet	_____	_____
<input type="checkbox"/> Regular File Cabinet	_____	_____
<input type="checkbox"/> Chair	_____	_____
<input type="checkbox"/> Table	_____	_____
<input type="checkbox"/> Credenza	_____	_____
<input type="checkbox"/> Bookcase	_____	_____
<input type="checkbox"/> Wall Shelves	_____	_____
<input type="checkbox"/> Chair Mat	_____	_____
<input type="checkbox"/> Appliances	_____	_____
<input type="checkbox"/> Boxes	_____	_____
<input type="checkbox"/> Phone line	_____	_____
<input type="checkbox"/> Computer line	_____	_____
<input type="checkbox"/> Other	_____	_____

(Personal items are the responsibility of the employee)

AUTHORIZATION:

Employee Signature & Date

Building and Office Keys:

Supervisor Name, Signature & Date

Original Keys Returned (date and employee initials)

Executive Staff Name, Signature & Date

New Keys Checked Out (date and employee initials)

VP/CFO Beckie Christiaens Signature & Date

President Karas Signature & Date