



MOVE REQUEST

Name: _____

Date Submitted: _____

REQUEST

DATE NEEDED _____

- Office Move (Requires VP of Admin. Approval)
- Classroom Rearrangement
- Furniture Assembling
- Surplus Equipment**
- Computer Relocation* IT Ticket # _____
- Phone Move* IT Ticket # _____
- Other (Specify)

* IT work ticket for site survey required prior to approval. Requesting department is responsible for all move related expenses.

** Please fill out the LCC Surplus Equipment Removal form before you call us for pick up.

Additional Information:

PROCESS FOR AN OFFICE MOVE

- Contact Campus Services, Move Coordinator, X-2260
- Contact IS for Phone & Computer Moves, X-2250
- Tag furniture to be moved
- File cabinets need to be emptied and contents boxed
- Provide diagram of new office layout for furniture, file cabinets, etc. location
- Contact Campus Services, X-2260, about mail services and surplus property

FOR OFFICE USE ONLY

Comments regarding office move, furniture setup, assembling, etc.

Approved by:

Supervisor or Dean

Date

Vice President

Date

Director of IT (for phone and computer move only)

Date

VP of Administrative Services (for office move only)

Date

When approved, send a copy to both: [Campus Services Department](#) and [IS Department](#)