



MOVE REQUEST

Name: _____

Date Submitted: _____

REQUEST	DATE NEEDED _____
<input type="checkbox"/> Office Move (Requires VP of Admin. Approval)	<input type="checkbox"/> Computer Relocation*
<input type="checkbox"/> Classroom Rearrangement	<input type="checkbox"/> Phone Move*
<input type="checkbox"/> Furniture Assembling	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Surplus Equipment**	

* May require outside vendor, and costs will be covered by requesting department.
 ** Please fill out the LCC Surplus Equipment Removal form before you call us for pick up.

Additional Information:

PROCESS FOR AN OFFICE MOVE
<input type="checkbox"/> Contact Campus Services, Move Coordinator, X-2260
<input type="checkbox"/> Contact IS for Phone & Computer Moves, X-2250
<input type="checkbox"/> Tag furniture to be moved
<input type="checkbox"/> File cabinets need to be emptied and contents boxed
<input type="checkbox"/> Provide diagram of new office layout for furniture, file cabinets, etc. location
<input type="checkbox"/> 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
_____ VP of Administrative Services (for office move only)	_____ Date

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