

**OFFICE MOVE REQUEST FORM**

**Instructions:** Complete proper areas of the form to notify appropriate personnel about moves, office space needs, changes, equipment, furniture moves, and other telephone service needs. Have signatures in appropriate area. Send original to: [personnelchanges@unionky.edu](mailto:personnelchanges@unionky.edu)

New Employee      Relocating Employee

**Requested Location**

Employee Name: \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

Position Code \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

New Department \_\_\_\_\_

New Office Room \_\_\_\_\_ New Office Building \_\_\_\_\_

Date & time office prep should be completed \_\_\_\_\_

**Information Technology Services Requested (Please check Yes or No)**

Is there an existing telephone?    Yes      No      If Yes, Existing Telephone No. \_\_\_\_\_

Special Request \_\_\_\_\_

Is there an existing network connection?    Yes      No

Is there an existing workstation?    Yes      No      If yes, please provide model information/computer name \_\_\_\_\_

Are there any other devices or special software that will need to be installed? \_\_\_\_\_

**Current Location**

Present Office Space-Room \_\_\_\_\_ Present Office Building \_\_\_\_\_

Present Extension \_\_\_\_\_ Present Department \_\_\_\_\_

Maintenance to move the following items: \_\_\_\_\_

Other \_\_\_\_\_

**Request submitted for final approval: ALL SIGNATURES ARE REQUIRED.**

**Division Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor/Manager/Department Head:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Campus Dean / Division VP**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR USE OF Information Technology Services ONLY**

**COST ESTIMATES FOR THIS MOVE:** \_\_\_\_\_

**COMMENTS RELATED TO THIS MOVE:** \_\_\_\_\_