



MOVE REQUEST

Name: _____

Date Submitted: _____

REQUEST	DATE NEEDED _____
Office Move <i>(Requires VP of Admin. Approval)</i>	Computer Relocation*
Classroom Rearrangement	Phone Move*
Furniture Assembling	Other (Specify)
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

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-2268, 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](#)