

OFFICE MOVE REQUEST

For batch moves, use one form per employee and submit together

Move type

Check if part of
batch move

Department

Move date

Employee
name

Extension

Move
coordinator

Extension

Supervisor

Extension

Move from:

To:

Building

Building

Room #

Room #

Specific
location

Specific
location

Outlets available in new location?

Phone jack

Data port

Electrical outlet

Yes

Yes

Yes

No

No

No

Don't know

Don't know

Don't know

Phone:

Notes (use *Additional Information* box on next page if needed)

handset

extension

smartphone

other

Computer:

Notes (indicate quantity if more than 1)

laptop/tablet

docking
station

desktop

monitor(s)

printer

keyboard

mouse

other

other

Furniture:

Notes (indicate quantity if more than 1)

desk

task chair

floor mat

file cabinet(s)

table

other chairs

other

other

other

Additional
information:

Supervisor: Please sign and submit this form to the [Help Desk](#) at least **one week** prior to move date.