

## AVERETT UNIVERSITY OFFICE MOVE REQUEST

\*This form is to be filled out by a VP or Designee.

\*All office move requests must be submitted at least two weeks prior to the requested move.

Name of Person Filling Out Form	Department	Email	5-Digit Ext.
---------------------------------	------------	-------	--------------

Name of Person Moving	Department	Email	5-Digit Ext.
-----------------------	------------	-------	--------------

---

From (Building, Room #)

To (Building, Room #)	Vacant	Current/Past Occupant & Department/Division
-----------------------	--------	---

Reason for Move	Requested Move Date

### Move Details/Specifications

\_\_\_\_\_ # of boxes      \_\_\_\_\_ # of desks      \_\_\_\_\_ # of chairs      \_\_\_\_\_ # of cabinets

List other items that need to be moved or any other Facilities concerns (paint, anything they should know about, etc.)

Will the person moving offices be taking their office furniture with them?	Yes	No

\*If yes, Facilities must move all heavy and/or large furniture.

Will the person moving offices be taking their CPU and/or phone with them?	Yes	No
--	-----	----

\*If yes, IT must move all CPUs and/or phones.

Is there an Ethernet port available and accessible for this person in their new space?

Yes No Unsure. If so, have IT inspect.

## APPROVALS

To: Vice President Signature \_\_\_\_\_ Date: \_\_\_\_\_

From: Vice President Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

VP & Chief Financial Operating Officer Signature \_\_\_\_\_ Date: \_\_\_\_\_