Note* please only send form to Terry Dennis, John Thomas and Henry Haywood; once approved the form will then be routed to all appropriate parties.

Department:



Move, Add, Change Request Form

Please fill out one request per person

Requestor Information

Employee Name:

Date of Request:	Current Extension:	
Facilities Services		
Original Building Location:		
New Building Location (if applicable):		
Original Room Location:		
New Room Location (if move is within same building):		
Items to move, please be detailed:		
Move, Add, Change Details:		
Please provide as much detail as possible regarding your dependencies (example, Person A must move before Per		
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Request Information Services

Extension, Phone Line	Move	Add
Voice Mail	Move	Add
Internet	Move	Add
Computer to be moved:	Yes	No

Classification

Priority	Low	Medium	High	
Deadline for request completion:				
Comments: (Give any specific details here)				

For Facilities/Information Services Use Only

Assigned to:		Date assign	ned:	
Date completed:	Follow up required:	Yes	No	
Notes:		·		

Project Approval/Disapproval

Supervisor	Date
Vice President of Finance	Date
Director of Facilities	Date
Director of Information Services	

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