

RELOCATION REQUEST

Please complete and submit to your Vice President.

| Planned Move Date | Employee Name - Pleas | se Print |
|---|----------------------------------|---|
| EMPID | Email | |
| Building & Room moving <i>FROM</i> | Building & Room moving <i>TO</i> | Facilities Request Submitted? OIT Request Submitted? |
| Employee Signature | | Date |
| Employee dignature | | |
| | Vice President to Fill in E | Below |
| APPROVED | Vice President to Fill in E | |
| APPROVED NOT APPROVED If NOT Approved, Explain WI | Keys and/or Access Cards I | |
| APPROVED NOT APPROVED | Keys and/or Access Cards F | |