

Office/Space Relocation Request

This form should be used to request a move of office, furniture, computer, printer and phone from one location on campus to another location, if needed.

After Supervisor Approval, send form to Kimberly Kleinschmidt (krkleinschmidt@lc.edu)

Current Location:

Request to Move Location:

Reason for Relocation

Full Time	Part Time	Supervisor Approval:	Current Date:
			Relocation Date:

CAMPUS SERVICES CHECKLIST

KIMBERLY KLEINSCHMIDT TO SUBMIT THE FOLLOWING:

- | | |
|--|---|
| | Help Desk ticket request. Help Desk will assign move to desktop technician. <ul style="list-style-type: none"> Desktop technician will contact requestor to discuss dates and times of move. |
| | Maintenance Work Order - Moving of office furniture, file cabinets, boxes, etc. |
| | Mail Services |
| | Custodial |
| | Marketing/PR – LC Directory Change |
| | Campus Safety |

THE REQUESTER WILL SUBMIT MAINTENANCE WORK ORDERS FOR THE FOLLOWING:

- | |
|--|
| Office Name Plate |
| Key(s) (Office, Building, Parking Lot Gate Card) |

CHECKLIST

Current Location	Staff /Faculty	Dept	From Bldg	From Room	To Bldg	To Room	Comments
Building:							
Room:							
Computer							
Printer							
Furniture							
Phone							
Temporary Storage							

Lori Artis

Vice President, Administration _____

Date: _____

Chris Paulda

Director, Capital Projects/Campus Operations _____

Date: _____