



REQUEST FOR OFFICE MOVE

INSTRUCTIONS TO REQUESTOR

This form is to be used for office moves only. Complete **SECTION A ONLY**, print this form and return to Susan Barbour in Facilities Planning & Management (SMP P116) for internal review and final approval. You will be notified by Facilities Planning & Management of the status of your request.

PLEASE DO NOT PROCEED WITH THE REQUESTED MOVE UNTIL FINAL APPROVAL IS ISSUED.

SECTION A – To Be Completed by Requestor:

MOVE FROM ROOM NUMBER	MOVE TO ROOM NUMBER
REQUESTED MOVE DATE:	

Information to be provided by Requestor:

College/Department:		Date of Request:	
Requestor Name:		Requestor Title:	
Requestor Telephone:		Requestor Email:	
Employee Name:		Employee Title:	
Employee Telephone:		Employee Email:	
Justification:			
Additional Information:			

Requestor Signature: _____ **Date:** _____

Dean/Director Signature: _____ **Date:** _____

SECTION B – For Space Management Office Use Only:

RECOMMENDATIONS

Facilities Planning & Management:

By: _____ **Date:** _____

Approved Not Approved

Comments:

Technology Services:

By: _____ **Date:** _____

Approved Not Approved

Comments:

Regional Vice Chancellor for Business & Finance:

By: _____ **Date:** _____

Approved Not Approved

Comments:

FINAL APPROVAL

Regional Chancellor: _____ **Date:** _____

Approved Not Approved

Office of the Regional Chancellor: Please return the completed form to Susan Barbour. sbarbour@sar.usf.edu. Facilities Planning & Management will notify the Requestor of the approval status and email executed copies of the Request for Office Move form to all reviewers.