



SAMUEL MERRITT UNIVERSITY

REQUEST FOR MOVE/RELOCATING OFFICE SPACE

Name of Faculty or Staff to be moved: _____

Reason for Request:

Telephone #: _____ Department: _____ Cost Center#: _____

Current Location: (i.e., building, floor, room)

Requested by: _____

Date: _____

Approved by: _____

(Department Head or AVP)

Date: _____

Please return form to Lillian Harvin, Director of Facilities to review and schedule move. Inter-department moves do not need to be approved by the Site & Facilities Committee. Moving expenses will be charged to your Department.

Facility Action _____

New Location: (i.e., building, floor, room)

Technology Service Action Date: _____

Engineering Key Request Action Date: _____

Telecom Phone Transfer Action Date: _____