Default Question Block

Move Request Notification

The Move Notification Form is used when an occupant is moved from one room to another. Please use a separate form for each move. Please contact the Office of Space Management and Planning at campusplanning@pvamu.edu if you need assistance completing this form.

Block 1

September 18, 2019

Please select the type of move?

○ Single Employee

○ Multiple Employees

Please complete the following as the move requester.

*First Name:

*Last Name:

*EMPL UIN:

*Title:

*Department:

*Phone Number:

*Email:

*Current Department Head:

*Current Department Head Email:

Multiple Move Block

Complete the information for your employee move:

	Employee #1	Employee #2	Employee #3
Employee Name:			
Employee UIN:			
Title:			
Department:			
Phone Number:			
Email:			
Current Department Head:			
Current Department Head Email:			

Building Move

*From Building:

[▼]

*From Room:

[▼]

*To Building:

[▼]

*To Room:

[▼]

Please provide the building FROM and building TO information for each employee.

${q://QID32/ChoiceTextEntryValue/1/11} ${q://QID32/ChoiceTextEntryValue/1/12}

Where is
each
employee
listed
moving
FROM

[   ]   [   ]

Where is
each
employee

listed
moving
TO

${q://QID32/ChoiceTextEntryValue/1/11} ${q://QID32/ChoiceTextEntryValue/1/12}

Effective Date

Please enter the information for your expected move.

Enter a date:

←   September 2019   →

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

Move Justification:

Room Information

Please provide additional move information on your move "**FROM**" location. Select yes or no and provide as much detail as possible in the entry boxes

	Yes	No

Are you taking your phone/extension? If yes, what is your current extension?

    ○   ○

Do you have card access? If yes, what rooms do you access?

    ○   ○

Do you currently have parking access? If yes, what parking area do you access?

    ○   ○

Yes   No

Do you currently have keys? If yes, what are your key numbers?

○ ○

Please provide additional move information on your move "**FROM**" location. Select yes or no and provide as much detail as possible in the entry boxes

	${q://QID32/ChoiceTextEntryValue/1/11}	${q://QID32/ChoiceTextE
Phone Extension current location		
Card Access for current lLocation		
Parking Access for current location		
Key Numbers for current location		

Will the employee be moving to a new department?

○ Yes

○ No

Please select the following change:

○ Department

○ College

Please select the new department:

▼

Please select the new college:

▼

Will your technology be moving with you?

○ Yes

○ No

Please select the technology:

☐ Computer(s)   ☐ Printer

☐ Department Printer   ☐ Scanner

Department Scanner   Other:

☐   ☐ [_____]

☐ Laptop

Will you be moving furniture?

○ Yes

○ No

Please select the furniture:

☐ Bookshelf   ☐ File Cabinet

☐ Cabinet   ☐ Refrigerator

☐ Chair   ☐ Table

  Desk   Other:

☐   ☐ [   ]

Are boxes needed for this move?

○ Yes

○ No

How many boxes are requested for this move?

○ 5

○ 10

○ 15

○ 20

○ [   ] Other:

Please provide additional move information on your move "**TO**" location. Provide as much detail as possible.

Does the office need modifications (paint, carpet, pest control)? If yes, what modifications are you re

[   ]

Are keys required? If yes, what rooms do you require access to?

[   ]

Do you need card access? If yes, what areas do you require access to?

[   ]

Is parking access required? If yes, what parking area do you need access to?

[   ]

Provide phone/computer outlet number (example B21, B22) where your technology will be connected

[   ]

Share any additional move requirements desired?

Follow up questions

You have indicated you will be moving to a new department/division/college. Provide the requested information on the new department/division/college.

Name of new department

New department head

New department head email

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