



FACILITIES PLANNING AND CONSTRUCTION

MOVE/SET UP REQUEST

PLEASE SUBMIT THIS REQUEST IN **ORIGINAL** FORM VIA INTERCAMPUS MAIL TO THE FACILITIES PLANNING & CONSTRUCTION DEPARTMENT AT 3200 W. PECAN BLVD, N-179. PHONE: 872-3737. FAXES OR COPIES **WILL NOT** BE ACCEPTED.

(1) CONTACT PERSON

NAME _____ DEPARTMENT _____
PHONE # _____ EMAIL ADDRESS _____

(2) REASON FOR REQUEST

(3) TYPE OF MOVE REQUEST

☐ NEW EMPLOYEE ☐ CURRENT EMPLOYEE

NAME OF PERSON _____ EMPLOYEE A# _____

TITLE _____ DEPARTMENT _____

CURRENT LOCATION _____ NEW LOCATION _____
(CAMPUS, BUILDING ROOM #) (CAMPUS, BUILDING ROOM #)

☐ FURNITURE/EQUIPMENT ONLY (Attach Fixed Asset documents if moving equipment. If silver tagged items need to be moved, please attach the EIB forms)

CURRENT LOCATION _____ NEW LOCATION _____
(CAMPUS, BUILDING ROOM #) (CAMPUS, BUILDING ROOM #)

The standard set of furniture shall remain in each space.

(4) INFORMATION FOR CUSTODIAL DEPARTMENT 872 2553

WILL BOXES BE REQUIRED? ☐ YES ☐ NO HOW MANY? _____

LIST MISCELLANEOUS ITEMS TO BE MOVED

No personal items will be moved by STC Staff or vendor.

(5) TECHNOLOGY EQUIPMENT INFORMATION 872 2111

MOVE	SET UP	(Attach Fixed Asset documents if moving equipment)	
☐	☐	COMPUTER	Tag# _____ TRANSFER FILES FROM # _____
☐	☐	PRINTER	Tag# _____
☐	☐	TELEPHONE	Phone # _____ Previous Phone # _____
☐	☐	DISPLAY NAME	VOICEMAIL ☐ YES ☐ NO
☐	☐	FAX	Fax # _____

(6) KEY REQUEST 872 6426

☐ PECAN ☐ TECH CAMPUS ☐ STARR COUNTY BLDG/RM #'S _____
☐ MID VALLEY ☐ NAHC ☐ PECAN PLAZA APPROVE/DISAPPROVE

Maintenance Department is not authorized to issue keys without the approval of this form and until completion of office setup/move. Please return all old keys and pick up new keys at designated campuses: Pecan E-111; Starr A-109; Tech Campus A-105; Mid Valley G-142; NAHC 106B. If keys are not picked up within 30 DAYS, the request will be VOIDED. Only office key will be issued. Submit a separate key request for additional areas.

(7) AUTHORIZATION

Immediate Supervisor Signature: _____ Date: _____

Dean/Director Signature: _____ Date: _____

Site Coordinator Signature: _____ Date: _____

FOR FACILITIES PLANNING & CONSTRUCTION DEPARTMENT USE ONLY

LOG #

APPROVED BY: _____

SCHEDULED DATE: _____

ENTERED BY: _____

REVISED 08-25