



Move/Transfer Employee IT Service Request Form IT-003
PLEASE FILL OUT ALL AREAS – SIGN & RETURN TO IT SYSTEM SUPPORT DESK F-22

Please allow three days for a move or transfer

Contact Facilities for form FAC-3 to move furniture.

Entire form to be completed by employee's supervisor

Direct Supervisor Name _____ Title _____ Phone _____

Employee Full Name: _____ Effective Date _____

I hereby authorize the **move** of this employee
(Employee will be staying in the same department but is moving to a different office)

I hereby authorize the **transfer** of this employee
(Employee will be transferring to a different department, in a different office, with different duties - please also fill out form 004-Employee IT Resource Access Change)

Signature _____ Date _____

Director of IT Approval _____ Date _____

Employee Move Information: *(Employee will be staying in the same department but is moving to a different office)*

Move Date: _____

Position: _____ Department: _____ Current Phone Ext _____

Current Building: _____ Room _____ Move to Building: _____ Room _____

Move phone extension to new office

Move PC to new office Employee will not need PC moved (one is already in the office)

Setup to print to: (building & room of printer) _____

Employee Transfer Information: *(employee assumes different duties either in the same department or a different department. transferring to a different department with different duties – please also fill out form 004)*

Move Date: _____

Current Position: _____ Dept. _____ Bld. _____ Rm _____ Ph. Ext _____

New Position: _____ Dept. _____ Bld. _____ Rm _____ Ph. Ext _____

Move current phone extension to new office Need a new phone ext _____

Move PC to new office Employee will not need PC moved (one is already in the office)

Setup to print to: (building & room of printer) _____