



Technology Department Employee Relocation Form



Please be sure to print all information CLEARLY

Employee Information

Full Name:
(First, MI, Last)

Proposed Move
Date:

Moving From:

Building/Department:

Position/Title

Room #::

Phone/Ext:

Moving To:

Building/Department:

Position/Title

Room #::

Phone/Ext:

A completed, signed Computer Equipment Setup Request Form must accompany this form for all PCs, printers, scanners, etc. that will be included in the move

Email, Telecommunications, Application Information

Existing email address:

Do you currently have voicemail?

Yes No

Do you currently have access to the Student Information System?

Yes No

Required Signatures

Employee's
Signature: _____

Date: _____

Administrator's
Name: _____

Date: _____

Administrator's
Signature