



# Technology Department Employee Relocation Form



**Please be sure to print all information CLEARLY**

## Employee Information

Full Name: (First, MI, Last)	Proposed Move  Date:
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## 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 <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have access to the Student Information System?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Required Signatures

Employee's Signature: _____	Date: _____
Administrator's Name: _____	Date: _____
Administrator's Signature	

***Please forward this and any accompanying form(s) to the Help Desk via fax at x4366 or inter-office mail AT LEAST 5 BUSINESS DAYS PRIOR to proposed move date.***