Please scan and email the completed form to Facilities Management fmadmin@ben.edu

* Complete this form for all relocations and space requests with all authorized signatures prior to the requested relocation date.
* Our University Facilities Committee will review all space request forms for approval.
* If the requested relocation date cannot be accommodated, the requestor will receive notification.

**Date of Request**:

**Employee Information:**

Employee Name (New/Relo): PeopleSoft ID Department Title

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |  |       |

Email (If available) Phone Number (If avail.)

|  |  |  |  |
| --- | --- | --- | --- |
|       |       | Include in Staff Directory: [ ]  | Update Staff Directory: [ ]  |

**Space Use**

|  |  |
| --- | --- |
| 1. New faculty/staff: | [ ]  Yes [ ] No If Yes, start Date:       |
| 2. Existing faculty/staff:  | [ ]  Yes [ ] No Relocation request date:       |

**Space Information**

|  |  |
| --- | --- |
| Existing Location | Preferred New Location *(Complete for Relocation Only)* |
| Building | Room/Loc Number |  Building  | Room/Loc Number  |
| Choose an item. |       | Choose an item. |       |
| Move existing computer(s) and phone(s): [ ]  | Provide new Computer(s) and phone(s): [ ]  |

**Requesting Department**

Manager Requesting Space Title

|  |  |
| --- | --- |
|       |       |

Department Email Phone Number

|  |  |  |
| --- | --- | --- |
|       |       |       |

**Special Notes**

|  |
| --- |
|       |

**Space Relocation Justification**

|  |
| --- |
|       |

**Requestor’s Check List:**

[ ]  **IT (new equipment or relocation of computer, phone, & mobile devices)** - IT equipment please reach out directly to IT helpdesk@ben.edu.

[ ]  **Crate Request**, how many? 0. Return crates within one week of your move. Enter a [work order](https://adfs.ben.edu/adfs/ls/idpinitiatedsignon.aspx?loginToRp=https://benu.famis.com/mvc/sso/saml/login) for pick up.

[ ]  **Key requests**- visit the office of Facilities Management in the parking garage to obtain a key request form, requires supervisory sign-off.

[ ]  **Office and Cubicle Signage** – Office Signage: fill out the following form [Office Name Plates](http://www.ben.edu/facilities-management-planning/planning-construction/signage.cfm), or cubicle signage email request to fmadmin@ben.edu.

[ ]  **Special Furniture requests** will need to be approved through campus planning, please enter a [work order](https://adfs.ben.edu/adfs/ls/idpinitiatedsignon.aspx?loginToRp=https://benu.famis.com/mvc/sso/saml/login).

[ ]  **Art gallery** (art removal) – Contact tparker@ben.edu for art removal.

For additional move information please visit our Facilities Management and Planning website here.

**AUTHORIZATION:** (All signatures are required for final approval)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor / Manager Date Academic Dean / Director Date

**CAMPUS PLANNING OFFICE USE ONLY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Facility Committee Review Date Facilities Management (Bryan Goodwin) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost (Academic Only) Date Chief of Staff Date