**Facility Office Relocation Request Form**

1. All requests for office relocation must be initiated by filling out the form below.

2. The request below must be **filled out completely with the approval signatures** and submitted to the Director of Facilities Management at ldepa@lco.edu.

3. If the form is not complete, it will be returned for completion.

4. The request will be considered by the Facilities Management team, identify any costs associated with the change, confirming consistency with current space utilization and future plans.

5. Information Technology will review the request and identify any costs for additional services or equipment required.

6. After Facilities and IT approval, the request will be presented to the University President for final approval.

7. You will receive confirmation through Outlook from the Director of Facilities Management to coordinate the move/work to be completed.

Facility Office Relocation Request Form

Date of Request: Click here to enter text.

Person Requesting: Click here to enter text. Department: Click here to enter text.

Description of Activity: Click here to enter text.

Request Justification: **How will this move benefit the University and the students we serve?** Click here to enter text.

Furniture to be moved, (keep to a minimum): Click here to enter text.

Requested completion Date: Click here to enter a date.

Employee Signature: Click here to enter text. Date: Click here to enter a date.

Supervisor Signature: Click here to enter text. Date: Click here to enter a date.

IT Approval: Click here to enter text. Date: Click here to enter a date.

Facilities Director Approval: Click here to enter text. Date: Click here to enter a date.

COO Approval: Click here to enter text. Date: Click here to enter a date.

President Approval: Click here to enter text. Date: Click here to enter a date.