



Facilities Planning & Construction

Phone: 872-3737

AUTHORIZATION FOR OFFICE SETUP/RELOCATION

Please submit this request in original form via intercampus mail to the Facilities Planning & Construction Department at 3200 W. Pecan Blvd, N-179.

No furniture will be moved unless coordinated and approved by Facilities Planning & Construction.

Date _____ new hire relocate *Contact Name and E-mail address (to send response) _____
 office setup furn/equip.

Name of person & last four digits of SS# _____ Title/Department _____

Current Location(campus, building & room #);N/A for New Hires _____ New Location (campus, building & room #) _____

Desired date (2 weeks min. from date of submission) _____ Phone # (of requestor) _____

Please circle "Yes or No" to all items you are requesting office setup or to be relocated.			
Computer	Yes	No	STC Tag# _____ <input type="checkbox"/> new <input type="checkbox"/> loaner <input type="checkbox"/> in office <input type="checkbox"/> relocate <input type="checkbox"/> Transfer computer files from STC Tag# _____
Printer <input type="checkbox"/> Network <input type="checkbox"/> In office	Yes	No	STC Tag# _____
Scanner & other computer peripherals	Yes	No	STC Tag# _____, _____, _____
Telephone <input type="checkbox"/> in office <input type="checkbox"/> relocate #	Yes	No	Current Telephone# _____ <input type="checkbox"/> voicemail <input type="checkbox"/> display name
Fax	Yes	No	Current Fax# _____
Will a new telephone # be required	Yes	No	<input type="checkbox"/> setup voicemail and display name (for new phones only)
Please provide key request information.			OFFICE USE
Will keys be needed?	Yes	No	Approve/Disapprove
<input type="checkbox"/> Pecan <input type="checkbox"/> Tech Center <input type="checkbox"/> Starr County	Room(s) #		
<input type="checkbox"/> Mid-Valley <input type="checkbox"/> NAHC Pecan Plaza			

Reason for Office setup/relocation: (must be filled out)

Requestor Signature: _____

Dean/Director/Site Coordinator Signature: _____

***Upon approval, a scheduled move date will be assigned and the contact person listed above will be notified via e-mail address provided. It is the contact person's responsibility to notify the person requesting workorder.**

** Maintenance Dept. is not authorized to issue keys without the approval of this form and until completion of office setup/move. Please return all old keys and pick up new office keys at designated campus: Pecan E-111; Starr A-109; Tech Center A-105; Mid-Valley G-142; NAHC 106B.

For Facilities Planning and Construction Department Use Only	
LOG	Approved By: _____
<input type="checkbox"/> ISP <input type="checkbox"/> Custodial <input type="checkbox"/> Maintenance	Date _____
Scheduled Date: _____	Entered By: _____
	Date _____

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored by South Texas College in the basis of race, color, national origin, religion, sex, veteran status, or disability.

Updated May 2007