

WORK SPACE CHANGE REQUEST FORM

Please submit form to Facilities Management.

Purpose: For changes from one division to another division or unassigned space, including cubicles and standard offices.

Expected Room Change Date: _____

Current Room#: _____ New Room#: _____

Name of Employees Moving: _____

Reason for Move: _____

Special Instructions/Notes: _____

Requestor Name & Title: _____

Area VP Name & Title: _____

Executive Vice President Approval: _____

Executive Director of Facilities Approval: _____

Important: Do not change rooms prior to approval. Please allow 7 business days to process request.

Furniture requests must be submitted to Executive Director of Facilities Management.
drobles@wanerpacific.edu

Office Use Only:

Date Received: _____ Date Processed: _____ Date Completed: _____