



Request for Office Assignment

PLEASE READ CAREFULLY. ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.

Contact Name: _____ Contact Number: _____

Job Title: _____ Employee ID: _____

Dept./Division: _____ Date of Hire: _____

Employment Status

☐ Part-Time ☐ Full-Time: ☐ Regular ☐ Temporary

New Employee

☐ Yes ☐ No

Employment Classification

☐ Administrative/Independent ☐ Custodial/Maintenance ☐ Faculty (Professional, Classified, Clinical) ☐ OP/T

Office Requested

Building: _____ Room: _____ Date Effective: _____

Justification

☐ New Employee ☐ Office Vacancy ☐ Construction/Renovation ☐ Other: _____

FURNITURE: Standard furnishings include a desk, a chair and a filing cabinet. Special requests may be honored as inventory allows. You may forward any special requests via the online work request system. For instructions on submitting an online work request, please contact the Work Control Center (x8777).

PHONE/PC: Please contact the Information Technologies Department (x3456).

KEYS/FOB: Please contact the Office of Campus Safety & Security (x3502).

Approval
Dean/VP:

Date:

SUBMIT COMPLETED FORM TO FACILITIES MANAGEMENT (DF 113)

☐ **APPROVED** ☐ **DENIED**

Comments

VP Fac Mgmt:

Date: