



Move Coordination Form

MANDATORY: Please complete one form for each employee who will be relocated and return via e-mail to moves@rmu.edu. It would be appreciated that entire department moves be returned as one packet. **If you have any questions please contact Ruth Haynam at 412-397-6249.**

Thank you.

Requested Move Date: _____ Scheduled Move Date: _____

Department: _____ Department Number: _____

Employee Name: _____

From (Building/Room #): _____

To (Building/Room #): _____

Reason for Move: _____

Assigned Move Point of Contact Person:

Name: _____ Phone: _____ E-mail: _____

Location moves of faculty **must** be approved by Associate VP, Academic Affairs.
 Location moves of staff **must** be approved by their department director.

Approver Name (Please print): _____

Approver Signature: _____

| <i>Pre-Move Preparation</i> | <i>Please Check</i> | <i>Description</i> | <i>See Attached</i> | <i>Date Available</i> | <i>Est. Cost (Internal Use Only)</i> |
|-----------------------------|---------------------|------------------------|--------------------------|-----------------------|--------------------------------------|
| Boxes | Yes ___ No ___ | Number Required: _____ | <input type="checkbox"/> | | |
| Storage | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Discarded Items | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Floor/Room Plan | Yes ___ No ___ | | <input type="checkbox"/> | | |
| <i>Items to be</i> | <i>Please Check</i> | <i>Description</i> | <i>See</i> | <i>Date</i> | <i>Est. Cost</i> |

| <i>moved</i> | | | <i>Attached</i> | <i>Available</i> | <i>(Internal Use Only)</i> |
|---|----------------------------|---|----------------------------|------------------------------|---|
| Labels for boxes, furniture, etc. | Yes ___ No ___ | Number Required: _____ | <input type="checkbox"/> | | |
| Furniture | Yes ___ No ___ | | <input type="checkbox"/> | | |
| New Furniture | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Equipment (other than technology) | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Other | Yes ___ No ___ | | <input type="checkbox"/> | | |
| <i>Technology</i> | <i>Please Check</i> | <i>Description (e.g., Inventory #)</i> | <i>See Attached</i> | <i>Date Available</i> | <i>Est. Cost (Internal Use Only)</i> |
| Computers | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Monitors | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Printers | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Peripherals (speakers, docking stations, etc.) | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Phone number | Yes ___ No ___ | Transfer: Yes ___ No ___ New # Req'd: Yes ___ No ___ | <input type="checkbox"/> | | |
| Fax number | Yes ___ No ___ | Transfer: Yes ___ No ___ New # Req'd: Yes ___ No ___ | <input type="checkbox"/> | | |
| <i>Additional Items</i> | <i>Please Check</i> | <i>Description (e.g., Inventory #)</i> | <i>See Attached</i> | <i>Date Available</i> | <i>Est. Cost (Internal Use Only)</i> |
| Keys | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Card Access Points | Yes ___ No ___ | | <input type="checkbox"/> | | |
| Mail Services | Yes ___ No ___ | Building: _____ Room #: _____ Transfer Service: Yes ___ No ___ New Service Req'd: Yes ___ No ___ | <input type="checkbox"/> | | |
| Other Items | Yes ___ No ___ | | <input type="checkbox"/> | | |

Environmental Services:

New area/department: _____

How many offices if applicable: _____

IKON:

Printer Name (New or existing): _____ ID Number: _____

MISC.:

Special Notes/Requests: _____

Internal Use Only:

Forwarded to:

_____ **Environmental Services (Becky Diana)**

_____ **Locksmith (Gary Timchak)**

_____ **IT Hardware/Network (Dennis Jochmann)**

_____ **Maintenance (Matt Hyatt)**

_____ **Other (Specify _____)**