

**Employee**

**Technology Asset Move Form**

**INSTRUCTIONS:**

1. Complete all required sections of this form. One employee per form.
2. Submit this form (and any other documentation) to the ITS Help Desk at least 10 working days prior to move. Failure to comply may result in move delay.

**General Move Information (Required)**

      [ ]  AM [ ]  PM **(Check one)**

**Requested Move Date**

**Department**

**Move Coordinator**

**Coordinator Phone Extension**

**Employee General Information (Required)**

**Name**

**Phone Extension**

**Employee Current Location (Required)**

      -       -

**Building - Room - Cubicle**

**Employee Destination Location (Required)**

      -       -

**Building - Room - Cubicle**

|  |
| --- |
| Employee Assets to Move (Required) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Asset | Check if moving | Make/Model | Asset Tag/ RV# / CBS#/ Serial# | ITS Use(Verify) |
| Computer | [ ]  |       |       | \_\_\_\_\_\_\_ |
| Printer | [ ]  |       |       | \_\_\_\_\_\_\_ |
| Phone | [ ]  |       |       | \_\_\_\_\_\_\_ |
| Other | [ ]  |       |       | \_\_\_\_\_\_\_ |
| Other | [ ]  |       |       | \_\_\_\_\_\_\_ |