



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
Supervisor:

Date:

**SUBMIT COMPLETED FORM TO PENNY HILL (PO 113) FOR APPROVAL
FOR FACULTY OFFICE REQUESTS, SUBMIT COMPLETED FORM TO VP
OF INSTRUCTION (SC 243)**

APPROVED **DENIED**

Comments

Signed By:

Date:

Created 10/30/2019