

COORDINATOR CHECKLIST FOR SCHEDULING A MOVE

Department Name: _____
 Department Contact: _____
 Contact Email: _____ Contact's Phone: _____
 Today's Date: _____ Anticipated Moving Date: _____

Funding Information:

FAU Name: _____
 FAU Number: _____

Quantity of Staff Moving:

Less than 8 people More than 8 people

Please provide names of all staff moving on separate form.

Location:

Campus Off Campus New Facility Existing Facility

CAAN #: _____ Building #: _____

Lab:

Yes No

Facility Name: _____
 Facility Address: _____

Secondary Space Move:

Yes No

Duration of stay at new location:

Short Term (one year or less) Long Term (more than one year)

Furniture Requirements:

New Office Conference Other: _____
 Existing Cubicles Not Applicable

Laboratory Requirements:

New Existing Not Applicable

Programming:

Reception Space Break Room Conference Other: _____
 Laboratory Restroom Lactation Rm Other: _____

Equipment and Document Services:

Computer(s) Copier/Printer(s) Fax Machine(s) Kitchen Appliances
 Printers Phone(s) Clock(s) Other: _____
 Complete Phone Move Template and forward to IT Rerouting mail (add/remove/etc)

[Document Services Resources](#)

Lock and Access:

Card Reader(s) Staff Key(s) Furniture Key(s)
 Security Cameras Remote Releases Duress Button(s)

[Submit a Work Order](#)

Facilities Support:

White Board(s) Paint Key Board Tray(s) Other: _____
 Clock(s) Other: _____ Other: _____

[Submit a Work Order](#)

Custodial Services:

Yes No

[Submit a Work Order](#)

Misc. Updates

IDM Signage Inserts Facilities Link (MetaBIM)

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Additional Comments and/or Notes: _____

Special Instructions: _____

Individuals Moving:

Name: _____

Existing Space: _____

Email: _____

New Space: _____

Name: _____

Existing Space: _____

Email: _____

New Space: _____

Name: _____

Existing Space: _____

Email: _____

New Space: _____

Name: _____

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Existing Space: _____

Email: _____

New Space: _____

Name: _____

Existing Space: _____

Email: _____

New Space: _____

Name: _____

Existing Space: _____

Email: _____

New Space: _____

If more than 15 are moving, please provide names and emails on an additional form.