

# UNIVERSITY OF NORTH DAKOTA INTRA-DEPARTMENTAL MOVE FORM

This form exists to collect the necessary information needed to maintain the University's facility space inventory. The information is updated on the FAMIS Facilities database for Space Use Analysis through the use of these records. The database provides information for campus planning; grant applications, building renovations, and ensuring building code compliance and utility usage. The Facilities Coordinator will maintain these records.

**Moving From:** Informs facilities that space that will become vacant and identifies the (new or existing) departments' space assignment for those rooms when they become vacant.

Building Name	Room No.	Department	Dept Number	Room Use (Office, Classroom, Storage)	Room Occupant (Director, Grad. Student, etc.)

**Moving To:** Identifies the request for space. Facilities verify the space assignment is correct and changes any assignment of space as a result of the move.<sup>1</sup> The planned use of space is verified. If proposed room uses do not adhere to university facilities policy or building code, the use of the space will be investigated and submitted to the Space Allocation Committee (i.e. storage space turned into office space). Renovation of lighting, heating and cooling, etc. may need to be addressed to assure proper conditions for occupation.

Building Name	Room No.	Department	Dept. Number	Room Use (Office, Classroom, Storage)	Room Occupant (Director, Grad. Student, etc.)

**Vacated Room Use:** Identifies the intended use of the vacated room, if known. It also provides an update on the amount of space a department is assigned or the amount of vacant space on campus.

Building Name	Room No.	Department	Dept Number	New Room Use (Office, Classroom, Storage)	Room Occupant (Director, Grad. Student, etc.)

Contact Person:	Proposed Move Date:	Items to be Moved, Dismantled, or Electrical Disconnects Required: (If extra items are needed, attach a sheet with the additional information.)		
Telephone #:	Number of Carts Required:			
PO Box #:	Number of Packing Boxes Required:			
Requesting Department Head:		Signature:	Circle One: Approve Disapprove	Date: / /
Granting Department Head:		Signature:	Circle One: Approve Disapprove	Date: / /
Department Dean:		Signature:	Circle One: Approve Disapprove	Date: / /

Submit to Facilities, Box 7107

<sup>1</sup> Facilities will not change any departments assigned space without all authorized approval signatures.

**For Facilities Use Only**

Work Order #

Facilities Distribution:      Facilities Coordinator      Lock Shop      Move Coordinator

Receipt Date:      HECN Input Date: