

Relocation Form

1. Occupant Information

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Department/Division Name: Click or tap here to enter text.

Scheduled Move Dates: Choose an item.

Room Moving From: Click or tap here to enter text.

Room Moving To: Click or tap here to enter text.

Current Key #: Click or tap here to enter text.

New Key #: Click or tap here to enter text.

Supervisor:

2. Pre-Move

I would like assistance moving my belongings from my current space to my new space the week of my move

- Accept
- Decline

I would like the followings items provided to me in the week before I move:

- Moving Cart
- Shred Bins
- Trash Bins

I have the following specialty requests

- Wall Hangings, including photographs
- Chair Changes
- Keyboard Tray
- Lighting

Comments

Click or tap here to enter text.

3. Move Information

Phone Number: Click or tap here to enter text.

Current phone jack number: Click or tap here to enter text.

New phone jack number: Click or tap here to enter text.

Phone move date: Click or tap here to enter text.

Computer Move Date and Time: Click or tap here to enter text.

Here are contacts that need to be contacted 21 days before move:

<https://it.med.wisc.edu/about-us/desktop-support/it-equipment-move-request/>

<https://kb.wisc.edu/page.php?id=44688>

4. Post-Move Items

(To Be Completed by Facilities)

Items to Complete - Occupant Related

Check all that apply.

- Keys Returned
- New Keys Obtained
- Card Access Updated, if needed
- Placard updated
- Changes made in HRS
- Items rehung in new office

Items to Complete before next move-in

Check all that apply.

- Touch ups to office, if needed
- Carpet Cleaning, if needed
- Dusting, if needed
- Trash can in office
- Recycling bin in office
- Coat Hangers in office

Please direct any questions to Doug Pollard: email: drpollard.wisc.edu