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.
RELOCATION FORM

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