

Room Occupant/Function Change Request Form

In an effort to maintain an accurate facilities inventory as required by the Texas Higher Education Coordinating Board (THECB), any changes in room occupant or function (including title changes) must be pre-approved by the immediate supervisor, respective dean or vice president, and CFO. Following approval, this information will be forwarded to physical plant for relocation of personal effects, OIT for relocation of technology, and HR for directory updates. Furniture moves are generally not permitted.

Date: Is this r	equest to move only equip	ment (not an employ	ree)? □ Yes	□ No	
Employee being relocated (leave	blank if moving only equip	ment):			
Current building and room numb	oer:	Extension:	OR che	eck here	if a new hire: \Box
New building/room number:	Cc	mputer tag number	:		
Former employee in this location	n:				
Where is this employee now? \Box	Resigned \square Sharing office	☐ Moving to new o	office:		
Employee's title:	Department/discipline:				
Job duties:					
For rooms without an occupant	only (room function chang	e e.g., office to conf	erence room):		
Current room use:	New room use:				
<u>Th</u>	is section must be completed unless	the request is solely to mov	e equipment.		
Functional category/%:	/ %	CIP/%:		/	<u>%</u>
Functional category/%:	/ %	CIP/%:		/	<u>%</u>
Functional category/%:	/ %	CIP/%:		/	<u>%</u>
Refer to Ap	sting two or more functional categor pendix G, Functional Category Codes and Coding tab at http://www.tamio	, and THECB Degree Progra	m Inventory under ti		
This form requires an original or	electronically time stampo	ed signature. Typed	in signatures v	vill not b	e accepted.
Supervisor:	Ext:		Date:		
VP: (REQUIRED)		Date:			-
CFO:		Date:			
	Internal	use only			
Room type:		Date entered in	to database: _		