

The New Move Request will open, please complete the request form.



Move Management Views Reports Documents Favorites

1.10 New Move Request

Move Request Details

Employee to Move 555555555 Test, My D01 Select Clear

* Employee Phone 314-977-2955

Email mytest@slu.edu

Please verify and/or correct the department listed below, as this department will be associated to your new location.

Department D017 Facilities Managen Select Clear

* From Room 189 210 Office 8,220.03 Select Clear

* To Room (Select) Select Clear

* Sched Move Date Select One

Reason for Move Select One

* Move Type Select One

Boxes Required (\$3 each)

In the Notes field below please include all relevant information about the move. (ex. Building, from and to rooms, # cabinets, furniture info. etc)

Notes

* Required Field

- Please verify the name
- Verify or correct the phone number
- Verify or correct the email address
- Verify the department, click select to change
- Verify the current location, click select to change
- Enter the new location, click select to select the new location
- Select the move date, 2 weeks in advance
- Select the reason for the move, use the drop down list
- Select the type of move, use the drop down list
- If boxes are needed, you can select the number of boxes needed for your move. Each box is \$3 and Distribution Services will contact you about payment. A drop down will show if the box is check marked.
- Please enter as much information regarding your move as possible. Please include the building, from and to rooms and any furniture that will need to be moved. This will help Distribution Services to process your move request more efficiently.
- Once the information on the request is completed and verified, click on the Submit button.

Submit Cancel

