



## Request for Office Assignment

PLEASE READ CAREFULLY. ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Dept./Division: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Employment Status**

Part-Time  Full-Time:  Regular  Temporary

**New Employee**

Yes  No

**Employment Classification**

Administrative/Independent  Custodial/Maintenance  Faculty (Professional, Classified, Clinical)  OP/T

**Office Requested**

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Date Effective: \_\_\_\_\_

**Justification**

New Employee  Office Vacancy  Construction/Renovation  Other: \_\_\_\_\_

**FURNITURE:** Standard furnishings include a desk, a chair and a filing cabinet. Special requests may be honored as inventory allows. You may forward any special requests via the online work request system. For instructions on submitting an online work request, please contact the Work Control Center (x8777).

**PHONE/PC:** Please contact the Information Technologies Department (x3456).

**KEYS/FOB:** Please contact the Office of Campus Safety & Security (x3502).

Approval  
Supervisor:

Date:

**SUBMIT COMPLETED FORM TO PENNY HILL (PO 113) FOR APPROVAL.**

**APPROVED**  **DENIED**

Comments

Signed By:

Date: