

UNIVERSITY OF LOUISIANA AT MONROE

AUTHORIZATION FOR SPACE REALLOCATION

DIVISION \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_

IS AUTHORIZED TO RELOCATE

FROM		TO	
Building	Room(s)	Building	Room(s)
<div></div>	<div></div>	<div></div>	<div></div>

EFFECTIVE DATE \_\_\_\_\_

FACULTY/STAFF ASSIGNED TO NEW SPACE:

Name	Building	Room	Campus Phone#

_____ SIGNATURE OF DEPARTMENT HEAD	_____ DATE
_____ SIGNATURE OF DIVISION HEAD	_____ DATE
_____ PRESIDENTIAL OR CABINET AUTHORIZATION (REQUIRED FOR INTER-DIVISION CHANGES)	_____ DATE

THIS FORM ADDRESSES SPACE REALLOCATION ONLY. IF MOVEABLE PROPERTY IS TO BE RELOCATED, PLEASE SUBMIT APPROPRIATE FORM TO PROPERTY CONTROL.

NOTE: WHEN FORM IS COMPLETED, PLEASE SEND TO PROPERTY CONTROL OFFICE.