**ACBH Facilities New Employee/Location Change Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Request: | Click here to enter a date. | | Effective/Start date: | Click here to enter a date. |
| Requested by: |  | | Phone: |  |
| Contact: |  | | Phone: |  |
| **ACBH Program/Department:** | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name: |  | | New | | Existing |
| Civil Service Classification: |  | Position number: | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Space required (check one): | workstation | shared office | private office |
| Location requested/preferred adjacencies: |  | | |
| Furniture/Equipment required: |  | | |
| Special needs: |  | | |

***To be completed by ACBH Facilities Management:***

|  |  |  |  |
| --- | --- | --- | --- |
| Location Assigned: |  | | |
| Finance Approval: |  | Date: |  |

***It is the responsibility of the supervisor or delegate to make arrangements for the below services. Please be advised that some services, such as phones and furniture moving, may require several weeks lead time.***

Service(s) needed: Responsible Party:

🞏 Computer Hardware/Software Supervisor to complete IS Request

🞏 Cleaning Supervisor discretion

🞏 Cell phone Supervisor discretion

🞏 Existing furniture changes Supervisor discretion

Telephone number assigned: Office Manager/Suite Liaison

Mailbox assigned: \_\_\_\_\_\_\_\_\_ Office Manager/Suite Liaison

Nameplate Office Manager/Suite Liaison

Keys and Alarm/Key codes Office Manager/Suite Liaison

Desk/file keys assigned: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building keys assigned:  office door  building entry  elevator  stairwell

other: \_\_\_\_\_\_\_\_\_\_\_(check all that apply)

**ACBH Facilities Change/Upgrade Request**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: | Click here to enter a date. |  |  |
| Requested by: |  | Phone: |  |
| Contact: |  | Phone: |  |

Type of Request (check all that apply):

Change to existing Space

Find New Space

Expand Existing Space

Reconfigure Furniture

New furniture Purchase

Release of current Space

Other:

Program Name and Function (objective and goal):

|  |
| --- |
|  |
|  |
|  |

Reason for request (include supporting documentation):

|  |
| --- |
|  |
|  |
|  |

If new space, desired location:

|  |
| --- |
|  |
|  |

If furniture purchase/reconfigure, please provide brief description:

|  |
| --- |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source: |  | Finance verification: |  |
| Division Director Approval: |  | Date: |  |

**Submit form to Alycia Young, ACBH Facilities Development Manager**

***To be completed by ACBH Facilities Management:***

|  |  |  |  |
| --- | --- | --- | --- |
| Finance Approval: |  | Finance verification: |  |
| Facilities Development Manager Approval: |  | Date: |  |

**Instructions for completing ACBH Facilities Request Forms**

**ACBH New Employee/Location Change Request**

1. Complete top half of form upon need of location change or HR approval of new hire. **Incomplete forms will be returned**.
2. Ergonomic equipment for existing employees or new transfers should be noted under special needs.
3. Do not move forward with arranging additional services until location is approved/assigned by Facilities Management.
4. Submit completed form (original or PDF) to Barbara Becker, Facilities Development Manager, for processing. You will receive a response within 5 business days.

**ACBH Facilities Change/Upgrade Request**

1. Complete all sections before submission to Facilities Management. **Incomplete forms will be returned**.
2. This is the first step in the facilities process. The Facilities Development Manager will follow up with Property Managers or GSA, as appropriate. ACBH staff is not to contact anyone other than Facilities Development.
3. Supporting documentation and attachments should accompany request.
4. Division Director’s approval is required. Division Director is defined as Executive Level Leadership.
5. Submit completed form (original or PDF) to Barbara Becker, Facilities Development Manager, for processing. You will receive a response within 5 business days.