

ACBH Facilities New Employee/Location Change Request

Date of Request: Effective/Start 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:
<input type="checkbox"/> Computer Hardware/Software	Supervisor to complete IS Request
<input type="checkbox"/> Cleaning	Supervisor discretion
<input type="checkbox"/> Cell phone	Supervisor discretion
<input type="checkbox"/> Existing furniture changes	Supervisor discretion
<input type="checkbox"/> Telephone number assigned:	Office Manager/Suite Liaison
<input type="checkbox"/> Mailbox assigned: _____	Office Manager/Suite Liaison
<input type="checkbox"/> Nameplate	Office Manager/Suite Liaison
<input type="checkbox"/> Keys and Alarm/Key codes	Office Manager/Suite Liaison
<input type="checkbox"/> Desk/file keys assigned: _____	
<input type="checkbox"/> Building keys assigned: <input checked="" type="checkbox"/> office door <input type="checkbox"/> building entry <input type="checkbox"/> elevator <input type="checkbox"/> stairwell	
<input type="checkbox"/> other: _____ (check all that apply)	



ACBH Facilities Change/Upgrade Request

Date of Request:

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.