



# Request for Space Change

(Ex. Relocation, New Furniture, Paint, Minor Construction...Greater than Routine Work Order)

**Date:**

**Department Requesting Space Change:**

**Contact Person:**

**Phone:**

**Location of Change Request:**

**Name of Employee Relocating:**

**Project Description (Please be as detailed as possible):**

**Project Justification (Ex. Dept Efficiency/Productivity, Increase Enrollment, Better Student Experience, Retention, etc.):**

**Is there a funding source or budget available to renovate or restructure the space requested? Are there Technical Needs?**

N/A      No      Yes (Please Specify)

**Recommended By Director/Manager/Chair?**

Yes      No      Date  
(sign)

**Recommended By Division Head/Area Dean?**

Yes      No      Date  
(sign)

**CEO/ADCO**

Approved      Denied      Date

## Information Technology

**Date IT will relocate the employee's equipment:**

**Please submit request to: [GW-Operations@gwcc.commnet.edu](mailto:GW-Operations@gwcc.commnet.edu)**