RESET FORM

Community College of Southern Nevada
OFFICE REQUEST FORM
(New and Transfer)

STATUS OF EMPLOYEE:
- ☐ Full time academic
- ☐ Full time administrative
- ☐ Full time classified

CAMPUS/CENTER REQUESTED:
- ☐ West Charleston
- ☐ Cheyenne
- ☐ Henderson
- ☐ Other _____

IF TRANSFER REQUEST:
Current campus Cheyenne Campus
Office/Bldg From: _____
Office/Bldg To: _____

Name of employee or position (if known) _____

Department / area _____

Discipline / specialty _____

Special needs, location or other accommodations, or why this move is being requested. Please be specific and complete: _____

Date office needed: _____

Employee's name _____

Employee's signature _____ Date: _____

Department Chair's name: _____

Department Chair's signature: _____ Date: _____

Division Dean's name: _____

Division Dean's signature: _____ Date: _____

Key request completed ☐ Yes ☐ No Date completed _____

In addition to submitting this office request form, please contact the proper areas for any furniture, O&M or AV/Telemedia requests for this office.

Date request received: _____ Hire date: _____

Chief Campus Administrator: _____

Action taken: _____

Date Department Chair notified of action: _____

Date Dean notified of action: _____

Last revised 5/12/04