

MOVE DATE QUESTIONNAIRE
All Buildings at the New Anschutz Medical Campus

School:

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CSA
OAA
SOM
SON
SOD
SOP
Grad Sch

Department: _____ PS Org Code(s): _____

Name of Division/Program Moving: _____

Department Administrator: _____ Phone #: _____

Department Move Coordinator (if different than Administrator): _____ Phone #: _____

New Building:

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	BDC	EHS	Leprino (UCH)	Facility Support	Ed IB	Humanities	Library	AOW	AOE/Ed II	B500	RCII	B400 series	Other
Estimated Move Start	12/06	2/07	09/07	6/07	8/07	TBD	10/07	9/07	11/07	ongoing	8/08	ongoing	

Type of Move:

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Office
Dry Lab
Wet Lab
Classroom
Shop
Surplus
Other

Cannot Move:

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 Check all that apply List Weeks & Reason: _____
FYE
Fall
Winter
Spring
Summer

Prefer Move:

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 Please # top 3 choices #1 being first choice
FYE
Fall
Winter
Spring
Summer

Please list top three weeks for this area to physically move (does not include time for packing, greentagging, etc.) (No weekend moves will occur):

- 1 _____
- 2 _____
- 3 _____

Please list any departments/programs associated with your area that you need to move with/near and their move dates (if known):
