



**INSTRUCTIONS TO REQUESTOR**

NOTE: All requirements for repairs, services, and tasks not requiring planning should be submitted in the Facilities Work Request System as a Facilities Repair & Service Request (FRSR). All emergency or urgent issues that could affect the health and safety of campus occupants are to be called in immediately to campus security at ext. 4444.

This form is to be used for office & Personnel moves **only**. Print this form and request approval from your Dean/Director/Administrator and submit via the Onuma Work Order System. Once submitted, someone in Facilities will be in contact with you.

**Information to be provided by Requestor (ALL INFORMATION IS REQUIRED):**

College/Department:			
Employee Name:		Employee Title:	
Employee Telephone:		Employee Email:	
Purpose for move:			

MOVE <b>FROM</b> BLDG/ROOM #:	MOVE <b>TO</b> BLDG/ROOM #:
	PREVIOUS OCCUPANT:

**Contents to be moved (Phone, Computer, Cabinet, etc):**

☐ Computer      ☐ Phone      ☐ File Cabinets – Qty:\_\_\_\_      ☐ Bookshelves –Qty:\_\_\_\_

Other:	

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Dean/Director/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Facilities will coordinate your move with ITS, an IT Network Access Request Form will need to be completed, in addition to a Facilities Access Request (FAR) Form for your keys.**

# AVC Network Account/Phone Request

(This form is not for Banner account requests.)

- ☐ Administrative Staff  
☐ Academic Faculty  
☐ Classified  
☐ Confidential/  
Management Staff
- ☐ Adjunct Faculty  
☐ Hourly  
☐ Student
- User Status  
☐ Name change  
☐ Temporary  
☐ Permanent  
☐ No longer employed

Please Print Clearly

User's Full Name (Including Middle Initial)	User's Telephone Extension
Job Title	Department/Division

Add Delete

☐ ☐ Network Account

Username:

Password:

☐ ☐ Electronic Mail Account

Username:

Password:

List E-mail Groups Required, e.g., All\_AVC:

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Phone

- ☐ Needs a new extension  
☐ Use this extension #\_\_\_\_\_ in office #\_\_\_\_\_  
☐ Current extension #\_\_\_\_\_ needs to be moved to office #\_\_\_\_\_

Notes


List Additional System Resources Required, e.g., G-Link, PC Products, SEP:

Add Delete

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

**User Acknowledgement:** With my signature below, I acknowledge that I am aware of my responsibilities to protect the confidentiality of information regarding faculty, staff, students, and donors and agree to use information from the system for carrying out official duties and responsibilities of my position with the Antelope Valley College District. In addition, I understand that District policies provide for the imposition of sanctions for unauthorized use or dissemination of system information, ranging from a warning to restriction of use, to disciplinary action up to and including dismissal, as well as legal action. (Must be signed by user)

Employee Signature

Date

Approval

Signature of Immediate Supervisor

Date

Access Effective Date:

Access Expiration Date (if applicable):

## Information Technology Services Use Only

Notes:

Network access implemented by

Date

Phone access implemented by

Date