

OSU-Cascades Faculty Office Move Agreement

This agreement is made to acknowledge OSU-Cascades Faculty Office Move Procedures and set clear expectations for a smooth and efficient move process.

Section 1: Filled in by Campus Administrative Coordinator:

Name		Current Office	
Move Date		New Office	

Please read the following list of faculty responsibilities and sign acknowledgement below:

(For a full listing of responsibilities for all parties involved in the process see OSU-Cascades Faculty Office Move Procedures.)

Faculty who are moving will complete and sign the Faculty Office Move Agreement, acknowledging responsibilities for the move and the scheduled date(s). Barring exceptional circumstances, a faculty member does not substantially complete responsibilities for the move will have \$200 deducted from Professional Development funds to pay for the additional support required. Faculty are responsible to:

- pack office contents into boxes provided by OSU-Cascades and leave secured in old office
- label boxes with faculty name and new office number
- check out key for new office from Campus Operations Coordinator the day before moving day, on moving day or when returning to campus if not present during the move
- turn in key from old office to Campus Operations Coordinator on moving day or when picking up the key to the new office if not present on moving day
- move on the scheduled date so cleaning, maintenance and IT work can happen as scheduled
- move any breakable items, sensitive items, art and personal furniture (non-University owned)
- if not planning to be present on the planned move date, take home all breakable items, sensitive items, art and personal furniture (non-University owned)
- leave computers and phones connected for IT to disconnect, move and reconnect
 - if laptop is needed for remote work during the move, arrange with IT Manager and recognize that IT staff cannot confirm connectivity in the new office if the laptop is gone
- unpack boxes in the new office
- contact the Campus Administrative Coordinator to discuss any special circumstances

I understand that if I agree to an office move and then fail to substantially complete the responsibilities listed above, \$200 will be deducted from my Professional Development funds to cover the cost of additional staff effort on my behalf.

Faculty signature: _____

Date signed: _____

Printed name: _____

Contact information:

Campus Operations Coordinator:	Amelia Roberts	541.322.3184
IT Manager:	Tania Mahood	541.322.3158
Campus Administrative Coordinator:	Lori Waters	541.322.2065