

The School Board of Broward County, Florida**Facilities Division****ADMINISTRATIVE MOVES APPLICATION FORM**

Tracking Number (To be issued by the Facility Planning & Real Estate Department)

Name of Applicant (Senior Leadership Team Member)

Department/Division

Name(s) of Subject Department
Person(s) to be Moved

Moving From

Moving To

Requested Move Date

No. of Persons to be Moved

No. Offices Needed

No. Cubicles Needed

Specify Positions

State rationale for the requested move
(Attach additional pages if necessary)

State funding source

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY TO EXPLAIN ANY OF THE ABOVE ITEMS

SLT Applicant's Signature: _____

Title

Date:

NEXT PAGE IS ONLY FOR STRATEGY AND OPERATIONS DIVISION

TO BE USED ONLY BY THE FACILITY PLANNING AND REAL ESTATE DEPARTMENT

TYPE OF MOVE (TO BE DETERMINED BY F.S. OR DESIGNEE)

☐ Major Move ☐ Intermediate Move ☐ Medium Move ☐ Minor Move

☐ Recommend Approval ☐ Recommend Disapproval

Signature: _____

Date:

Title

Rationale for recommendation

TO BE USED ONLY BY THE CHIEF OPERATIONS & FACILITIES OFFICER

☐ Approved ☐ Denied

Signature: _____

Date:

Title

Comments
(If Any)

MOVE COMPLETED

☐ Major Move ☐ Intermediate Move ☐ Medium Move ☐ Minor Move

Signature: _____

Date:

Title

Signature: _____

Date:

Title

☐ **MOVE VERIFIED AND REQUEST CLOSED**

Signature: _____

Date:

Title