Technology Reconfiguration Form

Principals: Our goal is to support your request and expedite the reconfiguration or relocation of technology in your school. Some requests may require additional wiring, electrical and carpentry support for completing the project. Analyzing and scheduling the project can assist you in having a target completion date and also assist IT and the facilities department to assure that the materials and resources required for the change are ordered and available in a timely manner.

Today’s Date: Received by:

|  |  |
| --- | --- |
| School Name |  |
| Principal Name |  |
| Requested Date of Completion  |  |

Superintendent’s authorization:

Description of Change (please include specific details):

For IT and Facilities use only

|  |
| --- |
| IT Materials: |

|  |  |  |
| --- | --- | --- |
| Labor hours: | Cost Estimate: | Authorization: |

|  |
| --- |
| Facilities Materials: |

|  |  |  |
| --- | --- | --- |
| Labor hours: | Cost estimate: | Authorization: |

|  |  |
| --- | --- |
| Total Cost of Project: | Account(s): |

Principal Signoff: Date Completed:

IT Signoff: Facilities Signoff: