FY2004 OFFICE SPACE SURVEY FORM (CURRENT)

Div. Desc. :- **Dept** :- **Dept. Desc** : -

Employee Name	SSN	Title Code	Title Description	FTE	Office in Dept. (Y/N)	Building Name	Room No.	Other Dept. Providing Space	Other Info.

VERIFIED BY (Please Print) NAME: _____ PHONE: _____ DATE: _____

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