

WORK REQUEST PLANT MAINTENANCE

DEPT. REQUEST NO. _____

REQUESTED BY: _____ PHONE _____ DEPT. _____ DIVISION _____

AUTHORIZED BY: DEPT. HEAD(S) _____ DIV DIR(S) _____ V.P. (S) _____

CAMPUS _____ BUILDING _____ ROOM _____ PRIORITY REQUESTED URGENT ROUTINE (If required)

TYPE OF WORK: NEW CONSTRUCTION REMODELING RENOVATION MAINTENANCE

FUNDING SOURCE (ACCOUNT NUMBER). _____

NOTE: ANY WORK REQUEST OTHER THAN MAINTENANCE MUST HAVE A FUNDING SOURCE IDENTIFIED

DATE SUBMITTED: _____ DATE REQUIRED: _____ DEPT. CODE NO. _____

DESCRIPTION OF WORK, MATERIAL REQUESTED, OR JUSTIFICATION

ATTACHMENTS: PLANS _____ SKETCH _____ DESCRIPTION _____

CAMPUS SERVICES* <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 checked="" type="checkbox"/>	FOR PLANT MAINTENANCE ONLY	PLANT MAINTENANCE * <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 checked="" type="checkbox"/>
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CAMPUS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BUILDING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROOM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TYPE OF WORK: <u>RE</u> Repairs <u>NE</u> New Construction <u>PR</u> VIP Requested	<u>SE</u> Safety <u>Co</u> Capital Outlay <u>OC</u> Outside Contractor
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AUTHORIZING SIGNATURE(S) _____

PROJECT OF COMPLETION _____ / _____ / _____

SHOP FOREMAN'S SIGNATURE _____ DATE _____

COST SECTION: MAN HOUR M/H _____

ESTIMATED MATERIAL _____

PRIORITY: (123) _____ (456) _____ (789) _____ ON HOLD _____
EMERG. URG. ROUT.

ASSIGNMENT:
CARPENTRY-CA PAINTING-PA PLUMBING-PL METAL-ME A/C-AC
GROUNDS-GA KEYS-KE ELECTRIC-EL MOTOR POOL-MO DELIVERY-DE
CONSTRUCTION GREW-CC MODULAR FURNITURE-WE ROOFER-RF

LEAD SHOP _____ LEAD SHOP _____

PROJECT SCHEDULES DATES

TODAY'S DATE _____ / _____ / _____
ESTIMATED MATERIAL DELIVERY DATE _____ / _____ / _____
PROPOSED START DATE _____ / _____ / _____
ESTIMATED COMPLETION DATE: _____ / _____ / _____

- INSTRUCTIONS:**
1. Requestor must complete through the description section and attach any plants and specs. as required.
 2. Campus Services must process and send to Plant Maintenance Dept.
 3. Plan Maintenance Dept. will return the green and the pink copies with a detailed estimate of the work.
 4. If the request is returned with a price for other than maintenance, the requestor must send a copy of the budget amendment to the Plan Maintenance Department to activate the work order