

STANDARD MAINTENANCE WORK REQUEST

School Name: _____

Date: _____

Room: _____

Safety Concern:*

Yes No

Date Required: _____

MAXIMUM OF 3 REQUESTS PER WORK REQUEST:

DESCRIPTION OF REQUIREMENTS:

1. _____

2. _____

3. _____

Requested by _____

Approved by _____

AREA BELOW FOR MAINTENANCE USE ONLY:

WORK REQUEST _____

DATE RECEIVED: _____

ASSIGNED TO: _____

WORK REQUEST COMPLETED _____ BY _____

DATE

MAINTENANCE EMPLOYEE (please sign)

Notes: _____

*Safety concerns are those items which may cause accident or injury or put the security of the affected area at risk.