

**HAZLEHURST CITY SCHOOL DISTRICT**  
**119 Robert McDaniel Drive**  
**Hazlehurst, MS 39083**

**Mrs. Lisa Davis, Superintendent**

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## **Maintenance Work Order**

Date\_\_\_\_\_

Teacher/Staff\_\_\_\_\_

Campus/Room# \_\_\_\_\_/ \_\_\_\_\_

Brief description of the problem or need

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### **OFFICE USE ONLY**

Once the work order has been completed, the teacher/staff will sign and date the work order.

Teacher/Staff signature \_\_\_\_\_ Date\_\_\_\_\_

Maintenance personnel: \_\_\_\_\_

Serviced rendered

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