



**FACILITIES MAINTENANCE & MANAGEMENT
WORK ORDER REQUEST**

Requester: _____ **Phone:** _____

Request for service *(supply replacement should be called in):*

- | | |
|---|--|
| <input type="checkbox"/> Emergency <i>(follow up to call)</i> | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Room Set-Up <i>(attach schematic)</i> | <input type="checkbox"/> Other <i>(describe)</i> _____ |
| <input type="checkbox"/> Office/Instructional Equipment or
Furniture Movement <i>(5-day notice for scheduling)</i> | |

Location: ☐ Donaldson ☐ Airport **Room number:** _____

Estimated Cost: \$ _____ **Department Paying:** _____ **Index:** _____

Room availability *(day and time):* _____

Please check the following that may apply to your situation:

- | | | |
|--|------------------------------|-----------------------------|
| Is the problem affecting a class? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the problem preventing anyone from doing their job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the problem creating a safety or security concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date of Request: _____ **Requested Date of Completion:** _____

THIS SECTION IS TO BE COMPLETED BY FACILITIES DEPARTMENT

Work order number: _____ **Date assigned:** _____

- Priority:**
- | | |
|---------------------------------|---|
| <input type="checkbox"/> Urgent | <input type="checkbox"/> Normal Maintenance |
| <input type="checkbox"/> High | <input type="checkbox"/> Project management |
| <input type="checkbox"/> Medium | |
| <input type="checkbox"/> Low | |

SCHEDULING:

Date submitted for scheduling: _____ **Completion Date Assigned** *(calendar updated):* _____

ESTIMATE DETAIL/DOLLAR VALUE OF ESTIMATE:

Date submitted for estimate: _____ **Staff assigned:** _____

Cost of Materials *(estimate attached):* \$ _____ **Cost of Labor:** \$ _____

Date completed: _____ **Staff Initials:** _____

Signature of Funding Authority

Date

Signature of Plant Supervisor

Date