

# Work Request

TO: Facilities Services

DATE: \_\_\_\_\_

FROM:

For Information,  
contact:

\_\_\_\_\_  
School or Department Room No.

\_\_\_\_\_  
Name Phone No.

WORK REQUESTED:

Labor Assistance  Lock Change(s)  New Work (Construction)  Activity Support

LOCATION OF WORK: \_\_\_\_\_

Title/Date/Time of  
Activity/Event: \_\_\_\_\_

DESCRIPTION OF WORK REQUESTED: *(Attach sketch for clarification. State purpose if construction.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number for Chargebacks \_\_\_\_\_

Completion Required  
by: \_\_\_\_\_

\_\_\_\_\_ Date

Requested By: \_\_\_\_\_  
Signature

\_\_\_\_\_ School Dean or Department Director signature **if construction or lock change**

**School/Department: Retain copy for your file.**

----- *please do not write below this line* -----

Work Request No. \_\_\_\_\_ Date Approved \_\_\_\_\_ By \_\_\_\_\_  
Facilities Services

Scheduled for accomplishment during the week of \_\_\_\_\_

Estimated Chargeback: Labor	Materials \$	TOTAL
\$ _____	_____	\$ _____

**Note: This form is to be used for non-maintenance requests only. For maintenance requests, please call Customer Services at x2308.**

WR # \_\_\_\_\_