

## 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.