



Physical Plant Work Order Form

Requested By: _____ Date: _____

Department: _____ Building: _____ Room #: _____

Description of work requested:

Director's Approval: *Approved* *Disapproved*

Director's Signature: _____ Date: _____

President's Approval: *Approved* *Disapproved*

President's Signature: _____ Date: _____

ONLY Necessary for department moves to another department

PHYSICAL PLANT USE ONLY

Type Requested: *Technical/Building* Work Order # _____
 Grounds/Building
 Custodial/Building
 Other

Approved By: _____ Date: _____

Date Project Assigned: _____ Date Project Scheduled: _____

Supervisor Assigned: _____ Staff Assigned: _____

Description of Work, Estimated Time, etc.	Estimated Date

Completed by: _____ Date Completed: _____

Supervisor Signature: _____ Date: _____