(Work Order Requests are to be completed by the principals or their designees.)

WORK ORDER REQUESTS

DATE OF REQUEST:_____

SCHOOL:_____ROOM/SITE:_____

SUMMARY OF PROBLEM:_____

_____

_____

_____

_____

PRIORITY:_____

1	**-**	**SAFETY CONCERN/HAZARD**
2	**-**	**INSTRUCTION SUFFERS**
3	**-**	**STRUCTURAL/COSMETIC**
4	**-**	**EMERGENCY**

DISTRICT PRIORITY:_____

ESTIMATE OF TIME NEEDED TO COMPLETE THIS TASK (HOURS)_____

SUMMARY OF WORK PERFORMED:_____

_____

_____

_____

_____

_____

_____

JOB DONE BY:_____

SIGNATURES UPON COMPLETION:

MAINTENANCE SUPERVISOR_____ DATE_____

PRINCIPAL_____ DATE_____

SUPERINTENDENT_____ DATE_____