

**PHYSICAL PLANT
LEVELLAND, TEXAS
WORK REQUEST**

TO BE COMPLETED BY PERSON MAKING REQUEST:

NAME: _____

DATE: _____

DESCRIPTION OF REQUEST: _____

LOCATION: _____ BLDG: _____ ROOM: _____

BUDGET ACCOUNT TO BE CHARGED: _____ ESTMATED COST: _____

TO BE COMPLETED BY DIVISION DEAN

NEEDED COMPLETED IN: 1 WK. 2 WKS. 1 Mo. 6 MO. 1 YR.

DIVISION DEAN APPROVAL!

DATE: _____

TO BE COMPLETED BY MAINTENANCE DEPARTMENT

_____ EST COST OF MATERIALS

DATE RECEIVED: _____

_____ EST COST OF LABOR

_____ EST COST OF REQUIRED OUTSIDE ASSISTANCE

_____ TOTAL COST OF JOB

_____ EST DATE OF COMPLETION

COMMENTS

ACTUAL DATE OF COMPLETION

TO BE COMPLETED BY VP for FINANCE AND ADMINISTRATION

- APPROVED FOR COMPLETION BY MAINTENANCE DEPARTMENT
- APPROVED FOR COMPLETION BY OUTSIDE SOURCE
- NOT APPROVED

COMMENTS:

**NOTE: DO NOT USE THIS FORM TO REPORT LIGHTS OUT, LEAKING FAUCETS, WALL PLUGS
BROKEN, OR MINOR REPAIRS.**