

# HOWARD UNIVERSITY SCHOOL OF DIVINITY (HUSD)

## FACILITY MAINTENANCE REQUEST FORM

**[FOR PERSONNEL AT HUSD ONLY]**

**(PLEASE PRINT CLEARLY OR TYPE)**

|   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Today's Date:</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>HU Campus:</b>   |                          | <i>East Campus</i>       |                          |                          |                          |                          |                          |                          |                          |
| <b>Name of Building:</b>  |                          | <i>Mays Hall</i>         |                          |                          |                          |                          |                          |                          |                          |
| <b>Floor:</b>   |                          | <b>Corridor:</b>         |                          |                          |                          |                          |                          |                          |                          |
| <b>Room #:</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Room Name (If Applicable)</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Room Type:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Name of Occupant:</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Position Type:</b>   | <b>Dean</b>              | <input type="checkbox"/> | <b>Faculty</b>           | <input type="checkbox"/> | <b>Staff</b>             | <input type="checkbox"/> | <b>Other</b>             | <input type="checkbox"/> |                          |
| <b>TYPE OF MAINTENANCE REQUEST [check-off]</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Carpentry</b>  | <input type="checkbox"/> | <b>Custodial</b>         | <input type="checkbox"/> | <b>Electrical</b>        | <input type="checkbox"/> | <b>EHS</b>               | <input type="checkbox"/> | <b>Grounds</b>           | <input type="checkbox"/> |
| <b>HVAC</b>   | <input type="checkbox"/> | <b>Locksmith</b>         | <input type="checkbox"/> | <b>Painting</b>          | <input type="checkbox"/> | <b>Plumbing</b>          | <input type="checkbox"/> | <b>Transport.</b>        | <input type="checkbox"/> |
| <b>DESCRIPTION OF REQUEST</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>SCHEDULING PREFERENCES</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Due Date</b>   |                          |                          |                          | <b>Recurrence</b>        |                          |                          |                          |                          |                          |
| <b>Best Day(s) and Time(s) [check-off]</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Monday  | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| Tuesday   | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| Wednesday   | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| Thursday  | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| Friday  | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| Saturday  | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| Sunday  | 7-9am                    | <input type="checkbox"/> | 9-11am                   | <input type="checkbox"/> | 1-3pm                    | <input type="checkbox"/> |                          |                          |                          |
| <b>Priority for Request [check-off]</b>   |                          |                          | <b>Regular</b>           | <input type="checkbox"/> | <b>High</b>              | <input type="checkbox"/> |                          |                          |                          |
| <b>Reason for High Priority:</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>OCCUPANT CONSENT:</b> <i>Please sign in the space below if you consent to the Facilities Coordinator providing access to your office in your absence to maintenance personnel in order for the requested work to be completed.</i> |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>OCCUPANT SIGNATURE:</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>FOR HUSD FACILITY COORDINATOR ONLY</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Date Received</b>  |                          |                          |                          | <b>Initials</b>          |                          |                          |                          |                          |                          |
| <b>Submitted</b>  | <input type="checkbox"/> | <b>Approved</b>          | <input type="checkbox"/> | <b>Scheduled</b>         | <input type="checkbox"/> | <b>Completed</b>         | <input type="checkbox"/> |                          |                          |

**Please submit this form to the HUSD Facilities Coordinator via email or mailbox.**

**Approval of the requested maintenance work depends on review by PFM.**

**[HUSDFacilities@howard.edu](mailto:HUSDFacilities@howard.edu)**

Last Updated: 7/19/2012, 8:09 AM