



College of Southern Idaho Head Start / Early Head Start

PO Box 1238
Twin Falls, Idaho 83303-1238
Phone: (208) 736-0741 x 116
Fax: (208) 734-3832
Email : denise.tedder@headstart.csi.edu



Facility Work Order

To request work to be done fill out Facility Work Order and submit to Center Supervisor

Date: _____ Date Received by Central Office: _____

Requestor: _____ Location: _____

Priority: Emergency	<input type="checkbox"/>	Urgent	<input type="checkbox"/>	A.S.A.P.	<input type="checkbox"/>	Non-critical	<input type="checkbox"/>
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Emergency or Urgent requests must be forwarded to Facilities Compliance Officer within 24 hours.

Account Code: _____

Problem-Description:

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(To be filled out by Maintenance)

Notes / Concerns

Total Parts Cost \$ _____

Receipts Attached: Yes / No

Will follow up be required? Yes / No

Outside Source Required: Yes / No

Work Completed by: _____

Date: _____

Work Accepted by: _____

Center Supervisor Signature

G:/forms/Admin/Facility Work Order Form