



Facilities Work Order Request Form

Employee Making Request: _____

Department: _____

Phone/Extension: _____

Date: _____

Description of work:

For immediate/hazardous condition: Call 8182

<This Section to be filled out by Facilities Dept. Personnel only>

Work order assigned to: _____

Date: _____

Facility: _____

Trade: _____

Machine # _____

Duration of time spent completing Work Order: _____

Cost for special parts or tools associated with Work Order: _____

Completion Date _____