

WORK REQUEST FORM

REQUESTED OF: _____ DATE: _____

REQUESTED BY: _____ PHONE: _____

REQUESTED NEED DATE: _____ SET-UP IS FOR _____ PEOPLE

DESCRIPTION OF WORK REQUESTED:

Commission Approval: _____ *(necessary for non-staff requests)*

Date: _____ (PLEASE TURN IN TO STEWARDSHIP OFFICE)

(form revised 09/16/14)