

Maintenance Request Form

EMPLOYEE'S NAME _____ DATE _____

POSITION/TITLE _____ SCHOOL/WORKSITE _____

IDENTIFY BELOW THE NEED FOR MAINTENANCE. INCLUDE LOCATION (ROOM NUMBER, STAIRWELL, SPECIFIC PIECE OF EQUIPMENT, ETC.).

Employee's Signature _____ *Date* _____

Principal/Site Supervisor or designee's Signature _____ *Date* _____

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For Central Office Use

Approved by: _____ Date _____

Return this form to: _____

Order of Importance:

- Must do now.
- As soon as possible.
- As time permits.

Maintenance Personnel Assigned: _____

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For School/Site Use

Date Work Completed _____

Principal/Site Supervisor or designee's Signature _____ *Date* _____

Review/Revised:7/2/12