



Facilities Department

Request to Modify a Tracy Unified School District Facility

A *Request to Modify a District Facility* form is required prior to making any physical change to the interior or exterior of any TUSD site.

Modifications to facilities include, but are not limited to:

1. Construction projects, including installation of plaques, marquees, signs, benches, playground equipment (including obstacle courses), and any modification to a classroom or office that impacts the capacity of the facility or disturbs paint or other wall coverings.
2. Landscaping projects, including the addition or removal of gardens, trees, shrubbery, or any change that impacts existing irrigation systems.
3. Volunteer work, including Boy Scout projects, parent volunteer projects, or any other work traditionally done by CSEA employees.
4. Development projects, including installation of storage containers or sheds, porta potties, memorials, addition or modification to existing fencing, naming buildings or other structures.

Before completing this form, please review TUSD fact sheets related to particular types of projects (located on the TUSD e-forms site).

When completing the *Request to Modify a District Facility* form, please complete all the requested information and include as much detail as is available. Inclusion of as much material and information as possible will speed up the processing of your request. Add attached pages wherever necessary.

Once the form is completed and the site administrator has signed the form, the *Request to Modify District Facility* form should be forwarded to the *Facilities Technician*.

We ask for your patience as we consider your application. The approval process may take several weeks (or months) based on the scope of the proposal. **Facilities can assist with getting quotes however it does not mean that project has been approved.** Work must not begin prior to receiving written approval. Approval form will be sent back to you once approved or denied.


Submit this form with attachments to the District Facilities Department – DECFacilitiesStaff@tusd.net If you have questions regarding the site modification process, please call the Director of Facilities, the Director of Maintenance or the Coordinator of Custodial, Maintenance and Grounds Services.

Department/School: _____ Building/Area: _____

Contact Person(s)/Position: _____ Phone #: _____

Funding Source: _____ Date: _____

Project Information: _____

 Please check all departments involved


Facilities	<input type="checkbox"/>	Food Services	<input type="checkbox"/>	Human Resource	<input type="checkbox"/>	ISET	<input type="checkbox"/>
Purchasing	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Business Services	<input type="checkbox"/>	Finance	<input type="checkbox"/>

 Other (Describe) _____


 Name of vendor that will be providing services? _____

	Yes	No
 Is this for a special program other than standard classroom setup?	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

 Does this project require building alteration in any way?	<input type="checkbox"/>	<input type="checkbox"/>
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Identify _____

 Has project been discussed with involved site Administrators?	<input type="checkbox"/>	<input type="checkbox"/>
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Identify _____

Site Administrator approval; _____

Print Name	Signature	Date
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PROJECT DISCRPTION:

Provide a detailed description of the proposed project rationale and characteristics. If more space is needed for detailed description, use other side. (Add attachments fi necessary)

Estimated Cost: \$ _____

Attach sketch showing locations and other details to PDF.

FOR DISTRICT USE ONLY

Services Required: *(If Box is Checked, Department Supervisors must initial if approved)*

Check Box	Department Director	Initial		Check Box	Department Director	Initial
	Business Services-T. Salinas				Maintanance/Grounds/ Custodian/Security-A.Flores	
	Facilities- J.Quintana				Purchasing- M. Daniel	
	Finance- L. Nelson				Technology ISET- T.Quiambao	
	Food Services- B. Campbell				Other:	

Project Tracking and Information;

DATE	PROJECT ACTIVITY	INITIAL

Unanticipated Cost: _____

Project **Approved** Project **Denied** **Date:** _____
 If approved please provide SB 854 Form to purchasing department (A.Guerrero.)

Verified: _____ **Date:** _____