



# Brooks County Independent School District

## WORK ORDER REQUEST FORM

**TO: DIRECTOR OF OPERATIONS**

<u>Today's Date:</u>	<u>Requested By:</u>

<u>Department / Campus Requesting:</u>	<u>Location (Room #):</u>

<b>Type of Work: Construction /Repair (Please provide Description)</b>
1.
2.
3.
4.
5.

<u>Campus Administrator Approval:</u>	<u>Date of Approval:</u>

**\*\*\*THIS SECTION TO BE COMPLETED BY DIRECTOR OF OPERATIONS OR MAINTENANCE/OPERATIONS SUPERVISOR (M. CABRERA OR O. GALINDO)**

<u>Date Received:</u>	<u>Date Completed:</u>
<u>Type of Repair: (Plumbing, Electrical or Repair)</u>	<u>Work Order Assigned to:</u>
<u>Approved by:</u>	

**\*\*\*Email to: Mr. Marty Cabrera and Mr. Oscar Galindo  
[mcabrera1@bcisd.us](mailto:mcabrera1@bcisd.us) and [ogalindo@bcisd.us](mailto:ogalindo@bcisd.us)**