

Jefferson SD Maintenance / Custodial Work Request

Date of Request: ___/___/___ Requesting Party: _____

School Location: _____

Description of work/repair:

Requested Priority:

High - Must be done within 24 hours.

Medium - Within the week.

Low – When you get a chance.

Administrator Signature: _____

For Office Use Only:

Date Reviewed: ___/___/___ Priority Assigned: _____

Authorized By: _____

Comment:

Date Work Completed: ___/___/___

Work Completed by: _____