Custodial / Janitorial / Maintenance Request Form

Section A of this form must be filled out and submitted to Dr. Bunn for administrative approval.

Section A

Name of Employee making request: _____

Date of Request: _____

Description of Requested Service:

_____

_____

_____

Section B – To Be Completed by Administrator

Signature of Superintendent: _____

Section C – To Be Completed by Custodial Staff

Date Request Received: _____ Date Request Completed: _____

Additional Comments:

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