Work Order / Maintenance Request Form
Shiner Independent School District

Section I of this form is to be completed prior to submitting to your campus principal/supervisor for approval. In the event an emergency arises and you are unable to contact your supervisor, please call the Administration Building at 594-3121.

SECTION I

_____ _____
Employee Submitting Request Date

Location of Needed Work or Repair:
_____
_____

Describe the Work/Repair Needed (use the back of page to provide additional information or drawing):
_____
_____
_____
_____

SECTION II

To be completed by the Principal/Supervisor: PRIORITY: Immediately _____Within 2-3 Days _____
Next Week _____ Routine _____ Next Summer _____

_____ _____
Principal/Supervisor Signature Date

SECTION III

To be completed by Maintenance Staff: Can the project be completed by SISD Staff? YES ___ NO ____
Estimated hours to complete: _____
Estimated expense to complete: _____
List of materials needed:
_____
_____
_____
_____
# of AC/Heating Unit if Applicable: _____ Job Number: _____

Date Completed: _____ Date Referred Back if Not Completed: _____

Recommendation if not completed:
_____
_____

_____ _____
Signature of Assigned Personnel /Date Signature of Superintendent /Date

Technology/Computer Request Form

Shiner ISD

Section I

(Section I of this form is to be completed and submitted to the campus Principal / supervisor for approval.)

_____ _____
Employee submitting request Date

Location of needed work/repair: _____
_____

Description of needed work/repair: _____
_____
_____
_____
_____

Section II

Priority (1-5): _____ (1 = Emergency, 5 = not critical)
PRIORITY: Immediately _____ Within 2-3 Days _____ Date due by: _____
Routine: _____ Next Summer: _____
If emergency, what is the nature of the emergency: _____
_____

_____ _____
Signature of Principal / Supervisor Date

Section III

(To be completed by the Technology Coordinator)

Date Received: _____
Assessment of the problem:
_____
_____
_____

Estimated time to complete: _____ Estimated expense to complete:_____
List of materials needed: _____

Recommendation of not completed:
_____
_____

_____ _____
Date completed Date referred back if not completed

_____
Signature of Technology Coordinator
08/26/2010

CHECK REQUEST FORM

SHINER INDEPENDENT SCHOOL DISTRICT
505 Texas Ave.
P. O. Box 804
Shiner, Texas 77984

Amount of request: _____ Date of Request: _____

Need by**:** _____

Pay to: _____
Address: _____
City, State, Zip: _____

Payment for:
Type of Event: _____ Destination: _____
Date (s) of Attendance: _____

S M T W TH F S (Circle day)

Service Performed: _____

DOCUMENTATION OF EVENT/PERSONS ATTENDING MUST BE ATTACHED

Please attach all receipts Meals: Breakfast $7 _____

Lunch $8 _____

Dinner $10 _____

Hotel/Motel Accommodations _____

Travel _____ @ .50 _____

TOTAL DUE: _____

Budget Account Code: _____

Cash received by**:** _____ on _____

Requested by: _____ DATE _____

Principal Approval: _____ DATE _____

Superintendent Approval: _____ DATE _____

DEPOSIT FORM

DATE _____

DEPOSIT FOR _____

EXPLANATION OF DEPOSIT: _____

TOTAL CASH $_____

TOTAL COIN $_____

TOTAL CHECKS $_____

TOTAL DEPOSIT $_____

SIGNATURE: _____

Shiner ISD

ABSENCE FROM DUTY REPORT

Employee Name :				
Reason for Absence	**Date(s) of Absence**	**Whole Day**	**Half-Day**	
			A M	**P M**
❑ Personal business				
❑ Personal illness or medical appointment Is illness or injury work-related? ❑ Yes ❑ No				
❑ Illness or medical appointment in family *Specify relationship:*				
❑ Death in family *Specify relationship:*				
❑ Professional Leave (Workshops, School Related Business, etc.)				
❑ Jury duty or subpoena (attach documents)				
Employee Signature	**Date**			
Principal/Supervisor Signature	Date			
Leave Status: ❑ **Approved** ❑ **Disapproved**				

Substitute Name:	
Date(s) Substituted:	
Substitute Time IN:	**Substitute Time OUT:**
Substitute Signature:	
Principal Signature:	
Superintendent Signature:	