



# 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. Work must not begin prior to receiving written approval. Approval form will be send back to you once approved or denied.


Submit this form with attachments to the District Facilities Department - Johanna Gomez; [johannagomez@tusd.net](mailto:johannagomez@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  Food Services  Human Resource  ISET   
Purchasing  Maintenance  Business Services  Facility Use

 Other (Describe) \_\_\_\_\_


 Name of vendor that will be providing services? \_\_\_\_\_

 Is this for a special program other than standard classroom setup? Yes No

Describe: \_\_\_\_\_

 Does this project require building alteration in any way?

Identify \_\_\_\_\_

 Has project been discussed with involved site Administrators?

Identify \_\_\_\_\_

Site Administrator approval; \_\_\_\_\_  
Print NameSignatureDate

**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				Maintenance/Grounds/ Custodian/Security-L. Thompson	
	Facilities- E.Vento				Purchasing- M. Daniel	
	Facility Use- C. Reyes				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

Verified: \_\_\_\_\_ Date: \_\_\_\_\_