

PICKENS COUNTY BOARD OF EDUCATION

MAINTENANCE DEPARTMENT

Work Order Request

(Please Type)

☐ Routine Work Request ☐ Child Nutrition Program Emergency: ☐ Yes ☐ No

School _____ Date Requested: _____

Building _____ Room Number _____

Check Type of Work Requested (one category per work order):

- ☐ Air Conditioning/Refrigeration/Heating
- ☐ Carpentry
- ☐ Carpet Tile
- ☐ Delivery
- ☐ Electrical
- ☐ Glass Repair/Door/Locks
- ☐ Painting
- ☐ Plumbing
- ☐ Roof Repair - ☐ Main Building ☐ Portable Building
- ☐ Secure Building
- ☐ Other _____

Description of Work Requested and Location _____

By Completing this work order you are requesting technical assistance with a service/repair problem for which your school personnel cannot perform.

Central Office Use Only

Date Order Received _____ Work Order Number _____

Unit Assigned _____ Time _____

Purchase Order Number _____ Price _____

Time: Arrive _____ Leave _____ Signature _____

Repairs Made By _____

Repairs Completed: ☐ Yes Date Completed _____

☐ No Reason Work Not Completed _____

Total Hours _____

Maintenance Employee

Maintenance Supervisor