

Maintenance / Custodial Work Request

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

Work Location: _____

Description of work/repair:

Requested Priority:

☐ High - Must be done within 24 hours.

☐ Medium - Within the week.

☐ Low – When you get a chance.

For Office Use Only:

Date Reviewed: ____/____/____ Priority Assigned: _____

Authorized By: _____

Comment:

Date Work Completed: ____/____/____ Number of Days to Complete: _____

Work Assigned To: _____