

Dept. Head initials: _____

Priority: _____

Building Work Request

Date: _____

Your name: _____ Your department: _____

Problem Area: _____ Date & time of issue: _____

Nature of Problem: Room Temperature Water Leak Air Quality Light Fixtures

Furniture Stacks Flooring Walls Appliances Plumbing

Grounds Parking Lots Other

Please describe the problem in detail:

For Maintenance/Contractor to complete:

Diagnosis: _____ Date/Time: _____ Initialed by: _____

Solution: _____ Date/Time: _____ Initialed by: _____

Comments: _____ Date/Time: _____ Initialed by: _____

Date assigned: _____ Date completed: _____

The requested work is finished satisfactorily: _____

The issue requires further attention: _____