



MAINTENANCE/CUSTODIAL WORK REQUEST

Date:

Requesting Party:

Campus Location:

Work Location:

Type of Service:

- ☐ Cleaning
- ☐ Lawn Care
- ☐ Restoring
- ☐ Vehicle Maintenance

Problem Type:

- ☐ Repair
- ☐ Replace
- ☐ Update
- ☐ Other

Description of Work/Repair:

Request Priority:

- ☐ High – Must be completed within 24 hours
- ☐ Medium – Must be completed within a week
- ☐ Low – Completed when available

Date Reviewed:

Priority Assigned:

Authorized by:

Comments/Instructions:

After Work is Completed:

Date Work is Complete:

Number of Days to Completion:

Completed Work Approved by:

Comments: