

## MAINTENANCE/CUSTODIAL WORK REQUEST

Date:	Requesting Party:			
Campus Location:				
Work Location:				
Type of Service:	<ul> <li>Cleaning</li> <li>Lawn Care</li> <li>Restoring</li> <li>Vehicle Maintenal</li> </ul>	Problem Type:	<ul> <li>Repair</li> <li>Replace</li> <li>Update</li> <li>Other</li> </ul>	
Description of Work/Repair:				
Request Priority:				
□ High – Must be completed within 24 hours				
Medium – Must be completed within a week				
□ Low – Completed wl	hen available			
Date Reviewed:		Prior	Priority Assigned:	
Authorized by:				
Comments/Instruction	S:			
After Work is Complete	ed:			
Date Work is Complete	2:	Number o	Number of Days to Completion:	
Completed Work Appr	oved by:			
Comments:				