Form 17

CALUMET COLLEGE OF ST. JOSEPH

Revised 11-23-99

WORK ORDER FOR

MAINTENANCE ____ **or** **HOUSEKEEPING** ___

Date:

Name of person making request:

Department: Room #: Phone ext:

Must be approved by _____ or e-mailed to your department vice president.

NOTE: OPERATIONAL MAINTENANCE OF THE BUILDING HAS PRIORITY

Please use this form to request maintenance service, i.e., lamp changes, keys, furniture requests, etc. This does not apply to computer, typewriter, or copier repairs.

Will this require a new or different key(s)? _____NO _____YES (please be specific)

Will this require a phone change? _____NO _____YES (please be specific)

REQUEST**: (PLEASE BE VERY SPECIFIC)**

Approved by:_____ Date:_____
Facilities Manager