

**RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
OFFICE OF MAINTENANCE SERVICES
WORK ORDER REQUEST**

№ 14101

CHECK ONE ONLY:

| | | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Carpenters | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbers | <input type="checkbox"/> Air-Condition | <input type="checkbox"/> Painters | <input type="checkbox"/> Site Maint. |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Roof | <input type="checkbox"/> Glass | <input type="checkbox"/> Blind/carpet | <input type="checkbox"/> Lock Smith | <input type="checkbox"/> AV/TECH |

Type Only

I. SCHOOL/FACILITY ONLY:

DATE: _____ SCHOOL FACILITY: _____

SPECIFIC LOCATION: _____

DESCRIPTION OF WORK REQUEST: (SPECIFY ONE ITEM ONLY)

CAMPUS COORDINATOR OR AUTHORIZED SIGNATURE: _____

II. MAINTENANCE USE ONLY:

ACCOUNT NUMBER: _____

ROUTINE- DATE STARTED: _____ DATE COMPLETED: _____

SCHEDULED MAINTENANCE- DATE: _____

PROJECT - DATE RETURNED TO SENDER: _____

REASON: _____ ANTICIPATED START DATE: _____

EMERGENCY/PRIORITY- TIME CALLED IN: _____ TIME DISPATCHED: _____

COMMENTS: _____

III. FOREMAN USE:

TIME ESTIMATE: _____ ACTUAL TIME: _____

CIRCLE ONE:

| | | | |
|--|---------|-----------------------|------------------------------|
| PRIORITY | ROUTINE | SCHEDULED MAINTENANCE | PROJECT/CAPITAL IMPROVEMENTS |
| FOEREMAN CHECK JOB: YES _____ NO _____ | | | DATE: _____ |

| | | |
|------------------------|---------------------------|--------------------|
| CRAFTMAN'S NAME | ACTUAL TIME ON JOB | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| | | TOTAL HOURS: _____ |

MATERIALS: _____

FOLLOW-UP CRAFT: _____ REQUISITION WRITTEN: YES _____ NO _____

IV. SCHOOL FEEDBACK:

IN ORDER TO MONITOR THE ORDER TO YOU, FEEDBACK IS NEEDED. PLEASE EVALUATE PERFORMANCE ON THIS WORK ORDER AND RETURN BY SCHOOL MAIL. THANK YOU FOR YOUR SUPPORT.

YES NO

1. WORK QUALITY WAS GOOD _____ _____

2. WORKMEN WERE COURTEOUS _____ _____

VERIFICATION OF JOB COMPLETION: _____

SIGNATURE

CAMPUS COORDINATOR'S COMMENTS: _____
