

MAINTENANCE / CUSTODIAL WORK ORDER

SECTION A (Initiator to Complete)	
Date of Order _____	Initiated By _____ Phone No. _____
Location of Work (Be Specific) _____	
Description of Work _____	
Room Layout Drawing Attached	[] Yes [] No
Requested Completion Time _____	Date _____
SECTION B (Facilities Personnel to Complete)	
Date Order Was Received _____	
Order Assigned To (In House or Sub-Contract) _____	
Date Completed _____	Supervisor's Initials _____
SECTION C (Initiator to Complete When Work is Completed)	
Comments/Suggestions _____	
Acceptance Signature _____	Date _____
(Complete this section and return to Director of Facilities after work has been satisfactorily completed)	

HALF SHEET FORM