LOS RIOS COMMUNITY COLLEGE DISTRICT
WORK REQUEST

AREA:
ARC ☐ SCC ☐
CRC ☑ DO ☐
EDC ☐ EWC ☐
FLC ☐ Other _____

DATE: _____ No.: _____

Originator's Department: _____ FM No.: _____

Telephone No. _____ Hours: _____

Location of Work to be Performed:

Building Name _____ Building No. _____ Room No. _____ Telephone No. _____

Does this work request affect Telecom or data systems? Yes ☐ No ☐

Estimate Required: Yes ☐ No ☐

ITEM NO.	DESCRIPTION OF SERVICE REQUESTED (Please be very specific)
1	
2	
3	
4	

PRIORITY: **Low** ☐ **Medium** ☐ **High** ☐

DUE DATE/TIME (as applicable): **Start/Setup by** _____

Complete/Teardown after _____

JUSTIFICATION:

ACTION: **(Routed to)**

Custodial Supervisor: ☐
Campus Maintenance Technician: ☐
Facilities Management: ☐

Site visit has been made by Area Manager? Yes ☐ No ☐

Originator: _____ Submit to OPS

Area Manager: _____

_____
Date

_____
Vice President of Administration

INITIATOR'S USE ONLY:

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ $ _____
Bus Unit Account Fund Org Program Sub-Class BY Proj/Grant Amount

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ $ _____
Bus Unit Account Fund Org Program Sub-Class BY Proj/Grant Amount

WHITE: ☐ College Custodial/Maint. ☐ District Maintenance **YELLOW:** ☐ College Technician ☐ District Technician **PINK:** College Administrative Services Office **GOLDENROD:** Originator's Copy

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