

Please submit 3 copies

Date Received

Date Assigned

Person Assigned To

Estimated Hours to Complete Task

Lordstown Local Schools

Work Request

Job Number: _____

TO: Supervisor of Building and Grounds

Work orders to be submitted by Friday for consideration and scheduling the following week.

Date: _____

Building: _____

Requested by: _____

Emergency

Critical Need

Approved Plan

Description of work to be done (include location in building):

PRINCIPAL _____

SUPERINTENDENT _____

.....
Description of maintenance work that was completed:

Date work completed: _____

Actual Maintenance Hours to Complete Task

Work completed by: _____

Supervisor: _____