



# Altmar-Parish-Williamstown Central School District Maintenance/Work Request

DATE: \_\_\_\_\_

BUILDING: \_\_\_\_\_ ROOM #: \_\_\_\_\_

STAFF MEMBER REQUESTING WORK: \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE:

*Your Administrator/Supervisor must approve requests. The Superintendent of Building and Grounds will make final approval. Work requests will be prioritized and completed after essential building operations and scheduled maintenance work.*

**\*\*\* OFFICIAL USE ONLY BELOW THIS LINE \*\*\***

Administrator/Supervisor Recommended: Yes  No  \_\_\_\_\_  
Signature

Director of Facilities Approval: Yes  No  \_\_\_\_\_  
Signature

Superintendent Approval: Yes  No  \_\_\_\_\_  
Signature

Staff member(s) assigned to complete work: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Date to be completed: \_\_\_\_\_

TO BE COMPLETED BY OPERATIONS AND MAINTENANCE STAFF		
Job Hours:	Travel Hours:	Total Hours:
Parts and supplies used:		
Total Job Cost: (attach invoices)	\$ _____	
Job completed:	_____	_____
	Date	Signature

**Operations and Maintenance Staff: Please sign and return to Director of Facilities when job is complete.**