



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.