

REQUEST FOR CUSTODIAL/MAINTENANCE SERVICE

SCHOOL REQUESTING SERVICE

DATE

PERSON REQUESTING SERVICE

TIME

SERVICE STATUS

Emergency Priority Regular

APPROVED BY

Service requested _____

Campus _____ Department _____ Building _____ Room _____

Service to be performed by: Lead Custodian Maintenance Department Other _____

CUSTODIAL/MAINTENANCE USE ONLY

Comments:

Service Started

DATE

TIME

Service Completed

DATE

TIME

Total Time

When completed, sign and return white and pink copies to office of individual authorizing service: _____

SIGNATURE OF SERVICEMAN