

WORK REQUEST FORM			Request No:		
Requestor (Printed Name):	Requestor Shift:: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		Phone #:	Request Date:	Requested Completion Date:
PCN (Barcode No):	Cost Center:	Building:	Department/Suite/Tenant:	Room Number/Name:	
Service request from:					
Provide description of work or service required:					
Billable Work Authorized as Noted: <input type="checkbox"/> Under \$100 <input type="checkbox"/> Under \$500 <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> Need estimate					
Manager Signature:				Date:	
Print Name:		Phone:		Date:	
This section to be completed by servicing department)		WO Number:		Date assigned:	
Employee Code:	Work Order Type:	Time Worked: ____/____ regular or O/T (circle one)			
Craft Code:	Work Order Cat.:	Billable: Yes or No (circle one)		WCC Review:	
Copies: Real Estate Development (fax 212-2375) Requesting Manager (1) Attach to work area (1)					

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Craft Code:	Work Order Cat.:	Billable: Yes or No (circle one)	WCC Review:	
Copies: Real Estate Development (fax 743-2375) Requesting Manager (1) Attach to work area (1)				