

**Maintenance Request Form**

EMPLOYEE'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ SCHOOL/WORKSITE \_\_\_\_\_

IDENTIFY BELOW THE NEED FOR MAINTENANCE. INCLUDE LOCATION (ROOM NUMBER, STAIRWELL, SPECIFIC PIECE OF EQUIPMENT, ETC.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Principal/Site Supervisor or designee's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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For Central Office Use

Vendor: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Return this form to: \_\_\_\_\_

Order of Importance:

- Must do now.
- As soon as possible.
- As time permits.

Maintenance Personnel Assigned: \_\_\_\_\_

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For School/Site Use

Date Work Completed \_\_\_\_\_

\_\_\_\_\_  
*Principal/Site Supervisor or designee's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Review/Revised:7/11/2016