

PROJECT REQUEST FORM

Part I: Requested Work

Requestor Information Employee Name:	Department/Division:	
Phone Extension:	Date Submitted:	
Location of Work Requested		
Campus Location: ☐ Main ☐ South ☐ Other		
Building Name: Room	Number/Area:	
Type of Work Requested (Check all that apply):		
□ Electrical	□ Pest Control	
\square Plumbing	☐ Painting	
\square HVAC (Heating/Ventilation/Air Conditioning)	☐ Cleaning/Sanitation	
☐ Carpentry	\square Groundskeeping	
□ Other (specify)		
Description of Work Requested: (Please provide a detailed description, urgency, or access instructions.)		



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Justification of Work Requested:

· · · · · · · · · · · · · · · · · · ·	ed for the work requested. Include factors regarding the urgency of
need that affect the priority that should be ap	oplied to the work.)
Department Supervisor Signature Appro	oval:
Name:	Signature:
Title:	Date:
Vice President Signature Approval:	
Name:	Signature:
Title:	Date:
Part II: Cost and Estimate Approvals	
Plant Operations and Maintenance Project Es	
Is this project technically and legally f	feasible? Yes No
Meeting Requested to Clarify Scope of	f Work? Yes No
Cost Estimate:	
In House/Local Contract	Materials/Constr. Costs
Design Costs	Contingency
Labor Hours	Total Cost
Interim Director of Plant Operations and Main	ntenance Signature Approval Date
-	
Vice President of Finance and Administration	n Signature Approval Date