

LUZERNE INTERMEDIATE UNIT 18
ADMINISTRATIVE SERVICES MAINTENANCE/WORK ORDER FORM

Date Requested: _____

Work Order # _____
(Office Use Only)

All Requests Should be Submitted to Administrative Services Department TWO Weeks Prior to the Date Needed.

EMPLOYEE CONTACT INFORMATION AND LOCATION

Name: _____

Phone: _____

Department: _____

Building: _____

Request (Please fully describe)

Supervisor _____

Signature _____

Director _____

Signature _____

For Administrative Department use only:

Resolved By: _____

Materials Required: Y or N

Notes:

Assigned To: _____ **Date Completed:** _____

Procedure:

1. Please complete form fully and submit to your Program Director for approval.
2. Send this request to John Gordon at jogordon@liu18.org in the Administrative Services Department.
3. Administrative Services Department logs request, assigns a sequential number and forwards request to the Physical Plant Coordinator for assignment.