

LUZERNE INTERMEDIATE UNIT 18
ADMINISTRATIVE SERVICES MAINTENANCE/WORK ORDER FORM

Date Requested: _____	Work Order # _____ (Office Use Only)
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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.