



# Facilities Planning and Management Work Order Request Form

Date \_\_\_\_\_

Telephone Number: 785-8585

Location (Building) \_\_\_\_\_

Room Number \_\_\_\_\_

Originator \_\_\_\_\_

Telephone \_\_\_\_\_

**NOTE: An account number must be provided or the work order request will not be accepted and entered into the system for the estimate/work to proceed.**

Units to be Charged (Name) \_\_\_\_\_  
(Name) \_\_\_\_\_  
(Name) \_\_\_\_\_

Acct Number \_\_\_\_\_  
Acct Number \_\_\_\_\_  
Acct Number \_\_\_\_\_

Date Needed: \_\_\_\_\_ Estimate Required Yes  No

**SIGNATURES:**

Department Chairperson's Signature Request Estimate: \_\_\_\_\_

Dean's or Director's Final Approval for Work to Proceed: \_\_\_\_\_

Funds Available During \_\_\_\_\_ Fiscal Year

**DESCRIPTION OF WORK TO BE PERFORMED (ATTACH SKETCH IF NECESSARY)**

**ESTIMATE INFORMATION (TO BE PREPARED BY FACILITIES MANAGEMENT)**

Hours	Labor\$	Materials\$	O/S	Services	Total Cost
1. Carpenter	_____	_____	_____	_____	_____
2. Painter	_____	_____	_____	_____	_____
3. Mason	_____	_____	_____	_____	_____
4. Fac Repr Worker	_____	_____	_____	_____	_____
5. Locksmith	_____	_____	_____	_____	_____
6. Electrician	_____	_____	_____	_____	_____
7. Plumber/Steamfitter	_____	_____	_____	_____	_____
8. Maint Mechanics	_____	_____	_____	_____	_____
9. HVAC	_____	_____	_____	_____	_____
10. Landscape Serv	_____	_____	_____	_____	_____
11. Custodial	_____	_____	_____	_____	_____
12. Motor Pool	_____	_____	_____	_____	_____
<b>TOTAL ESTIMATE</b>	_____	_____	_____	_____	_____

**SIGNATURES:** The first approval signature indicates that the Department Chairperson requests an estimate for the work requested. The second signature indicates that the work is to proceed after the estimate is approved or if no estimate is required, that the work is to proceed. For general operation activities, signatures are NOT required.

## WORK ORDER PREPARATION INSTRUCTIONS

USE THE TELEPHONE (5-8585):

1. To report a utility of building emergency.
2. To describe unsatisfactory heating or cooling.

Call the Facilities Management Office, Extension 5-8585, during working hours (6:00 AM to 4:00 PM, Monday through Friday.) Emergency situations occurring outside of working hours should be reported to the Campus Switchboard, Extension 5-8000.

USE THE "FACILITIES MANAGEMENT WORK ORDER REQUEST FORM":

1. To request alterations, improvements, maintenance or repair to building, equipment and grounds.
2. To request special services.

WORK ORDER REQUEST NO.: This number is assigned by the Facilities Management when work order is received.

LOCATION: List the building and the exact location where the work is to be performed.

ORIGINATOR/TELEPHONE: Name and university extension of person requesting the work.

UNIT TO BE CHARGED/ NAME/ ACCOUNT NUMBER/ PERCENT: For work outside the framework of maintenance and subject to chargeback, indicate the name and account number of the unit to be charged. If the work cost is to be shared, indicate the percentage for each unit. Refer to the Faculty and Academic Staff Handbook for guidance on types of work included in the chargeback system.

DESCRIPTION OF WORK TO BE PERFORMED: Emphasize in detail the function to be performed or desired results. Use a single request for a large project using multi-trades such as remodeling an office. Use separate requests for each minor task in a building which would involve different trades. A general rule of thumb: Put work on one work request if that would facilitate scheduling and work performance and if funding arrangements are identical.

DATE NEEDED: Impose a time constraint only if critical to your operation.

ESTIMATE REQUIRED: If you check "Yes," Facilities Management will then provide an estimate of the cost of performing the work. This estimate is valid for 60 days from the date provided. Every reasonable attempt will be made to provide an estimate within 10% of the actual cost; but, depending on the complexity of the job or the extent of unforeseen conditions, actual cost may differ from the estimate by a greater amount.

SIGNATURES: the first signature indicates that the Department Chairperson is requesting an estimate for the work to be performed.

The second signature indicates that the Dean or Director has approved the work to be performed. If this is work that is chargeable to the department, the account number must be provided before the work order will be issued.