

**LUZERNE INTERMEDIATE UNIT 18  
OPERATIONAL SERVICES MAINTENANCE/WORK ORDER FORM**

<b>Date Requested:</b> _____	<b>Work Order #</b> _____ <b>(Office Use Only)</b>
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All Requests Should be Submitted to Operational 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 Operational Department use only:**

**Resolved By:** \_\_\_\_\_

**Materials Required: Y or N**

**Notes:**

**Assigned To:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

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**Procedure:**

1. Please complete form fully and submit to your Program Director for approval.
2. Send this request to Karen Karboski in the Operational Services Department.
3. Operational Services Department logs request, assigns a sequential number and forwards request to the Physical Plant Coordinator for assignment.