

# Work Order / Maintenance Request Form

## Shiner Independent School District

Section I of this form is to be completed prior to submitting to your campus principal/supervisor for approval. In the event an emergency arises and you are unable to contact your supervisor, please call the Administration Building at 594-3121.

### SECTION I

\_\_\_\_\_  
Employee Submitting Request

\_\_\_\_\_  
Date

Location of Needed Work or Repair: \_\_\_\_\_  
\_\_\_\_\_

Describe the Work/Repair Needed (use the back of page to provide additional information or drawing):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION II

To be completed by the Principal/Supervisor: PRIORITY: Immediately \_\_\_\_\_ Within 2-3 Days \_\_\_\_\_

Next Week \_\_\_\_\_ Routine \_\_\_\_\_ Next Summer \_\_\_\_\_

Budget # if project is not maintenance or repair: \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

### SECTION III

To be completed by Maintenance Staff: Can the project be completed by SISD Staff? YES \_\_\_\_\_ NO \_\_\_\_\_

Estimated hours to complete: \_\_\_\_\_

Estimated expense to complete: \_\_\_\_\_

List of materials needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of AC/Heating Unit if Applicable: \_\_\_\_\_ Job Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Referred Back if Not Completed: \_\_\_\_\_

Recommendation if not completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Assigned Personnel /Date

\_\_\_\_\_  
Signature of Superintendent /Date