

### Maintenance Request Form

Date	Location:	Room No:
Requested By:		Phone No:
Request:		
Please Check	<input type="checkbox"/> 00 - Preventive <input type="checkbox"/> 02 - Routine <input type="checkbox"/> 04 - Safety and Health	<input type="checkbox"/> 01 - Long Term <input type="checkbox"/> 03 - Important <input type="checkbox"/> 05 - Emergency
Special Instructions:		
Approved By:		

### For Maintenance Use Only

Work Type	<input type="checkbox"/> CM - Corrective Maintenance <input type="checkbox"/> EM - Emergency Maintenance <input type="checkbox"/> EX - Expediting <input type="checkbox"/> PM - Preventive Maintenance <input type="checkbox"/> SS - School Support	<input type="checkbox"/> CP - Capital Project <input type="checkbox"/> EV - Event Report <input type="checkbox"/> GM - General Maintenance <input type="checkbox"/> SR - Snow and Ice Removal
Materials Needed:	Vendor:	Cost:
Target Start Date	Target Complete Date:	
Actual Start Date:	Actual Complete Date	
Assigned To:		
Start Time:	Finish Time:	
Regular Hours:	Overtime Hours:	
Start Date:	Finish Date:	
Approved By:		