

# PHYSICAL PLANT WORK REQUEST

REQUESTER TO COMPLETE SECTION A & MAIL / FAX / OR EMAIL TO PHYSICAL PLANT

A. **TO BE COMPLETED BY REQUESTER**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

BLDG: \_\_\_\_\_ FLOOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEPARTMENT HEAD/DEAN APPROVAL SIGNATURE: \_\_\_\_\_

CONTACT PERSON: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

LOCATION OF WORK (Building, Floor, Room, Area)

BRIEF DESCRIPTION OF WORK:

**SETUPS: PLEASE ATTACH SKETCH/DRAWING SHOWING SPECIAL LAYOUT ARRANGEMENTS.**  
**CONFIRM SPACE HAS BEEN RESERVED THROUGH FACILITIES COORDINATOR AT 737-1593.**  
**TEN (10) WORKING DAYS REQUIRED ON ALL WORK REQUEST / SETUP.**

NAME OF EVENT: \_\_\_\_\_; DATE \_\_\_\_\_; TIME \_\_\_\_\_

REQUIRED SET UP TIME: \_\_\_\_\_

B. **TO BE COMPLETED BY PHYSICAL PLANT**

REQUEST NO. \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_, \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AFTER ASSIGNMENT, COPIES TO:

REQUESTOR – 1 EACH  
SHOP SUPERVISOR(S) – 1 EACH  
OFFICE FILE – 1 EACH

Revised 07/10  
Physical Plant