

REQUEST FOR CUSTODIAL/MAINTENANCE SERVICE

SCHOOL REQUESTING SERVICE

PERSON REQUESTING SERVICE

SERVICE STATUS

☐ Emergency ☐ Priority ☐ Regular

DATE

TIME

APPROVED BY

Service requested _____

Campus _____ Department _____ Building _____ Room _____

Service to be performed by: ☐ Lead Custodian ☐ Maintenance Department ☐ Other _____

CUSTODIAL/MAINTENANCE USE ONLY

Comments: _____

Service Started

DATE

TIME

Service Completed

DATE

TIME

Total Time

When completed, sign and return white and pink copies to office of individual authorizing service: _____

SIGNATURE OF SERVICEMAN