

PHYSICAL PLANT WORK ORDER



CONTACT INFORMATION

Name:	Date Submitted:
Phone:	Cell phone:

CUSTODIAL/MAINTENANCE SERVICE

Date Needed:	Room Number(s):

EVENT/MEETING INFORMATION (please ensure that you have included the contact information above)

Date(s) of Event/Meeting:	Day(s) of Week:
Start Time :	End Time:
Title of Event/Meeting:	
Estimated Number of Participants:	
Room(s) Requested:	
<i>(Please ensure that you have reserved the room(s) with Janice Childers and have Janice or designee sign here):</i>	

ROOM ARRANGEMENT

Please indicate how you would like the room arranged or attach a separate diagram:	
	Theater Style: chairs in rows facing podium
	U-Shaped: chairs and tables forming a U (or horseshoe) shape
	Hollow square: Chairs and tables square shaped
	Classroom: Chairs and tables in rows
	Other:
	Will you need additional tables for food set-up, displays, etc? If so, please indicate how many and where they should be placed:

ADDITIONAL INFORMATION (please attach additional details if necessary)

--

APPROVALS

Work Requested by:	Department:
Approved by:	Date:
Job Assigned to:	Date:
Signature of Employee Completing Job:	

**Work orders must be submitted at least 24 hours prior to the date work is needed.
Thank You!**