WINTON SCHOOL DISTRICT
WORK ORDER REQUEST

(One request per form)

SITE:_____ **DATE:**_____

LOCATION (exact)_____

WORK REQUESTED:_____

_____

_____

Requested by:_____

Administrators Signature _____ **Date**_____

OFFICE USE ONLY

Maintenance Supervisor **Approved** ☐ **Disapproved** ☐

Individual Assigned to Complete Work Order:_____

Date Assigned_____ **Anticipated Completion Date**_____

Maintenance Supervisor Signature_____

Supervisors comments: _____

WORK COMPLETED

_____ _____

Date **Employee's Signature**

Employee's Comments_____

***Yellow - Maintenance supervisor**
White - Maintenance -*complete & return to supervisor

Administrator will receive a signed copy upon completion of work