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## Residence Hall Work Order Request Form

<b>To be completed by the person making the request</b>		
Date:	Requestor: (First & Last Name)	Location (Address/Apartment #)
Time:	Phone #:	Room/Area:
<b>Description of work requested to be done:</b> <i>(In order to expedite your request, please provide as much detail as possible. Please note that work orders will be completed in the order of urgency and type of work)</i>		
<input type="checkbox"/> Heat/Air <input type="checkbox"/> Furniture <input type="checkbox"/> Water Leaks/Clogs <input type="checkbox"/> Pest Control <input type="checkbox"/> Other _____		
<i>Detailed Description:</i>		
<b>TRACKING INFORMATION FOR RESIDENCE LIFE ONLY</b>		
Received by:	<b>Residence Life Staff: Please check one</b> <input type="checkbox"/> Residence Life Staff will Complete <input type="checkbox"/> Referred to Facilities for Completion	Processed by:
Date:		Date Emailed:
<input type="checkbox"/> Completed    Work completed by: _____ Date: _____		
<b>Is this a Quality of Life issue?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Pending. (Please explain the reason why the Work Order could not be completed at this time)		
<b>Staff on Duty Follow Up:</b> (Please verify completion)		
<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed    Staff Name: _____ Date: _____		
Time: _____		