

HUMBOLDT STATE UNIVERSITY

WORK ORDER NO: _____

Plant Operations WORK REQUEST FORM

Work Control Only - Internal Routing

Issued ___ RM ___ SE ___ TM ___ UA ___ Other

Pending ___ PR ___ PE ___ PP ___ SP

Planner

WORK REQUEST NO: _____

WORK REQUESTED: _____ **DATE:** _____☐ Maintenance/Repair ☐ Service ☐ Rekey ☐ New Work (Construction/Alteration)

Requesting Dept: _____ Requestor: _____

Email Address for Work Order Notification: _____

Location of Work (Building or Area): _____ Room #: _____

Description of Work: (Attach sketch for clarification. State purpose if construction.)

Completion Date Requested By: _____ (Explain urgency/date needed if less than 30 days): _____**Contact for Details:**

Name: _____

Phone (extension): _____

Email: _____

Alternate Contact:

Name: _____

Phone (extension): _____

Email: _____

Cost Recovery: (Billable Work Including Construction/Alteration/Auxillary Service)Change in Utilization of Space? ☐ YES ☐ NO

If yes, must be approved by the Standing Committee on Space and Facilities. Direct questions to Facilities Management at 826-4111.

Cost Estimate Requested? ☐ Yes ☐ No If Yes, ☐ Project Budget Only ☐ Formal Cost Estimate
Proceed Time & Material. Not to Exceed \$ _____Please Provide
Chartfield
String

Account: _____

Fund: _____

Dept: _____

Program: _____

Class: _____

Project: _____

Department to be Charged: _____ **Account No:** _____**APPROVED BY:**_____
Print Name_____
Title_____
Signature_____
Date_____
Dean or Dept. Director Signature
if Construction_____
Date_____
Building Coordinator
Signature for Lock Change_____
Date**Moving Required:** Coordination of any moving required to complete work is the responsibility of the requesting department.

Furniture/Equipment Boxes

Contact: Distribution Services

Phone: 826-3932

Telephone/Computers

Contact: Network Support

Phone: 826-5000

Send completed form to Work Control Center at Plant Operations. Attach copy of Standing Committee on Space & Facilities Approval as Appropriate.