Work Order / Maintenance Request Form
Shiner Independent School District

Section I of this form is to be completed prior to submitting to your campus principal/supervisor for approval. In the event an emergency arises and you are unable to contact your supervisor, please call the Administration Building at 594-3121.

SECTION I

_______________________
Employee Submitting Request

_______________________
Date

Location of Needed Work or Repair:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the Work/Repair Needed (use the back of page to provide additional information or drawing):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

SECTION II

To be completed by the Principal/Supervisor: PRIORITY: Immediately ________ Within 2-3 Days ________
Next Week ________ Routine ________ Next Summer ________
Budget # if project is not maintenance or repair: ____________________________________________

_______________________
Principal/Supervisor Signature

_______________________
Date

SECTION III

To be completed by Maintenance Staff: Can the project be completed by SISD Staff? YES _____ NO _____
Estimated hours to complete: _________________________________________________________________
Estimated expense to complete: _______________________________________________________________
List of materials needed: _____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

# of AC/Heating Unit if Applicable: _______________ Job Number: _________________________________

Date Completed: ______________________ Date Referred Back if Not Completed: ______________________

Recommendation if not completed: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

_______________________
Signature of Assigned Personnel /Date

_______________________
Signature of Superintendent /Date