

Richland College Facilities Services Facility Work Request

Today's Date: _____ Requested by: _____ Extension: _____

Location/Room # _____ Division Name: _____

Date Needed: _____ Time Set-up Needed: _____ Time Set-up Finished: _____

Work Requested/Set-up Needed: _____

For Set-up: Room Confirmation Notice Attached: Yes

Division Chairperson Approval Date

Facilities Services Approval Date

Vice President of Business Services Date

_____ Vice President Approval Date
<input type="checkbox"/> For Office Moves/Make Ready
<input type="checkbox"/> For Furniture (GL # _____)
<input type="checkbox"/> Remodel (GL # _____)

Note to Originator: *Keep gold copy for your records.*

For Facilities Services Use Only

Set-up Date: _____

Start Time: _____ A P

End Time: _____ A P

Man Hours: _____

Shop Code: _____

Due Date: _____

Set-up/Tear Down Date: _____

Start Time: _____ A P

End Time: _____ A P

Completed by: _____

Employee #: _____