

# WORK REQUISITION



## CAMPUS ENVIRONMENT AND OPERATIONS

*Please fax this form to Campus Environment and Operations at (330) 672-2956.*

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### DEPARTMENTAL CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Direct Dial Telephone Number: \_\_\_\_\_

Account Number of Department: \_\_\_\_\_

Department Head Authorization (signature required): \_\_\_\_\_

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### WORK REQUISITION INFORMATION

Location of Work: \_\_\_\_\_

Room Number: \_\_\_\_\_

Estimate Needed? YES NO

Date of Work Request Initiation: \_\_\_\_\_

Time: \_\_\_\_\_

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**Complete Description of Work, Including Preferred Finish Date**

*Building Maintenance • Custodial • Emergency Management • Energy Management • Grounds • Receiving and Distribution*