

WORK ORDER REQUEST

Requested by: _____

Date Requested: _____

Employee Name & Office/Cubicle #: _____

Employee Phone Number: _____

NOTE: *Please call Facilities Management if you observe water on the floor or if you are locked out of your office.*

CUBICLE (check applicable item)

Overhead Cabinet

- Light not Working
- Lock missing/broken
- Door will not lock
- Door falling off or loose

3 Drawer Cabinet

- Lock missing/broken
- Drawer will not lock
- Drawer not sliding in all the way
- Drawer is off the sliding rail
- Broken handle

2 Drawer Cabinet

- Lock missing/broken
- Drawer will not lock
- Drawer not sliding in all the way
- Drawer is off the sliding rail
- Broken handle

Other/Misc.

Please describe problem:

OFFICE (check applicable item)

Office

- Ceiling light out
- Ceiling light flickering

Office Door

- Door knob loose
- Door will not lock

Other/Misc.

Please describe problem:

RESTROOM/BREAKROOM (check applicable item)

Restroom

- Light fixture out
- Light fixture flickering
- Faucet problems
- Sink not draining
- Toilet problems
- Needs to be clean

Breakroom

- Light fixture out
- Light fixture flickering
- Faucet problems
- Sink not draining
- Needs to be clean

Other/Misc.

Please describe problem: