**Maintenance Instructions**

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************Please do not write below. Maintenance Only!************

Maintenance #: 335-8318                          Fax #: 335-4421

Worker(s):

______________________________________________________

Date Started work:

__________________________

Time In:__________________   Time Out:_____________________     Time In:_________________     Time Out:_________________

Total Hours

:_______________________

(Job Complete: Yes      No))

Date Finished:

______________________________

Dept./Site:______________________________________

Date:_________________     Time: ___________ am pm

Contact person:__________________________________

Extension/Telephone #:____________________________

□ AM □ PM      _______________      By:

□ Faxed  ~  □ Dropped Off  ~  □ Inter-Office  ~  □ Other

Received by:               Time                              Date

Worker(s):________________________________________

Time In:__________________     Time Out:___________________

Time In:__________________     Time Out:__________________

Total Hours:__________________            ((Job Complete: Yes      No))

Date Finished:__________________________

Job Not Complete:      Reason:__________________________


**Use only if Maintenance faxes out**

□ Faxed Date:__________________________

Number Faxed to:__________________________

Department:__________________________

**Only fill out when job is completed.**

Facilities Employee Signature (When job is complete)   Date

Facilities Mgmt. Supervisor Signature        Date  FM Director Signature     Date

REVISED 10/11/07