

Massillon City Schools

Building/Grounds Work Request

Building _____

Work Location _____ (Room Number/Description)

Work to be done _____
(Be Specific)

Emergency

Health Issue

Safety Issue

General Request

Person Making Request _____ Date _____

Principal or Supervisor _____ Date _____

Administrator Approval _____ Date _____

Assigned to _____ Date _____

The person making the request must make a copy and submit the original work request to the building principal or supervisor.

The building principal or supervisor must sign the work request, make a copy then submit the original to the Building & Grounds Dept.

Average completion time will be two weeks.

All emergencies, health or safety requests will be handled ASAP.

For Building / Grounds Use Only	
Estimated Cost	_____
Actual Labor Hours Worked	_____
Actual Material Cost	_____
Completed By	_____ Date _____