

WILLIAM PATERSON UNIVERSITY
 MAINTENANCE/FACILITIES
 WORK REQUEST

Date _____

Dean/Director's
 Signature _____

Requesting
 Person _____

Requesting
 Dept/Office _____

Building _____

Room #/
 Location _____

Phone Ext. _____

Submit below an explanation and if, necessary, a sketch including all dimensions.
 Also, for furniture, list tag #, digit # on 1 3/4" metal tag

Fax Request to Ext. 2493

Please Do Not Mail

For Office Use Only

Shop Code _____

Cost Center _____

Worker Code	Labor Hours	Date of Work	Reg/Overtime Hours

Material Cost (If Any) _____
