

MISSISSIPPI BAND OF CHOCTAW INDIANS

CHOCTAW TRIBAL SCHOOLS

FACILITIES WORK ORDER REQUEST

FAX 601-663-4287 OR SCAN AND EMAIL TO FACILITIES@CHOCTAWTRIBALSCHOOLS.COM

Work Requested by _____ Date: ____/____/____
(School Employee)

Work Order Approved _____ Date: ____/____/____
(School Principal)

Work Order Received by _____ Date: ____/____/____
(Maintenance Administration)

AUTHORIZED: YES ____ NO ____ By: _____ Date: ____/____/____
Facility Maint./Transportation Coordinator/Maintenance Lead

School _____ Building _____ Room _____

DESCRIPTION OF REQUEST:

What are the best times for doing the work? _____

Description of work completed:

WORK COMPLETED: _____ Date: ____/____/____
(MAINTENANCE EMPLOYEE)

Approved as completed: _____ Date: ____/____/____

NONMAINTENACE ITEM REJECTED BY: _____