

Project Number: SPR24XX

RECEIVED 00/00/21 txxx

Next steps Complete special project request form and submit all appropriate paperwork listed below as well as
Principal/Site signature of approval to Facilities Support Service

District Use Only

Review of Project (Sign & Date)

Carpentry Supervisor:

DATE:

District Use Only

Review of Project (Sign & Date)(Continuation):

Glazing/Floor/Tile Supervisor	DATE:
COMMENTS	
REVIEWER [^ ^/' E d	

HVAC Supervisor:	DATE:
COMMENTS	
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Labor/Gardene Supervisor:

District Use Only

Review of Project (Sign & Date)(Continuation):

SEIU Steward:	DATE:
COMMENTS	
MANAGEMENT SIGNATURE	

Director (Final Review & Approval)	DATE:
COMMENTS	
MANAGEMENT SIGNATURE	

SPECIAL INSTRUCTIONS

Work Order Mural(s):

Reviewer(s) Comments and Questions (Example EL- Utility check completed)

Please submit a Work Order (application of anti-graffiti clear coating) after work is completed and Paint Shop will come apply anti-graffiti clear coating.

Please make sure to check with Paint Shop to know what anti-graffiti coating to purchase.

PLEASE REFER TO ADDITIONAL INFORMATION BELOW

SPECIAL INSTRUCTIONS (Continuation)

Work Order