



Shelton Public Schools
Maintenance / Custodial Work Request

Date of Request: ___/___/___ Requesting Party: _____

Work Location: _____

Description of work/repair:

Requested Priority:

please print and place in the mailbox of the director of maintenance

For Office Use Only:

Date Reviewed: ___/___/___ Priority Assigned: _____

Authorized By: _____

Comment:

Administrator Approval (only for out-of-the-ordinary or exceptional items/repairs/work requested)

Approved Denied Signature: _____

If denied, reason: _____

Date Work Completed: ___/___/___ **Number of Days to Complete:** _____

Work Assigned To: _____