

San Francisco Community College District
City College of San Francisco

OFFICE USE ONLY

CRAFT _____

APPROVED _____

NUMBER _____

DATE: _____

MEMO TO: *Director of Operations*

FROM: _____

DEPT.: _____ PHONE EXT.: _____ MAILBOX: _____

THE FOLLOWING WORK OR SERVICE IS REQUESTED:

(Please submit separate request for each craft or service.)

LOCATION/SITE: _____

S A M P L E
(Identify building, room, area, etc.)

DESCRIPTION OF WORK *(Attach sketch if applicable)* _____

**(USE ORIGINAL FORM AVAILABLE
FROM BUILDINGS & GROUNDS,
S142, 239-3549)**

EXPLANATION OF NEED: _____

DESIRED COMPLETION DATE AND TIME: _____

NOTE: Service request involving use of truck requires at least one week's prior notice.

APPROVAL RECOMMENDED: _____

(Dept. Chairperson, Dean, or Site Administrator)

DO NOT COMPLETE BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED: _____

Director of Operations

PRIORITY

1 = Urgent

2 = Routine

3 = Deferred Until _____
Date

REMARKS: _____

COMPLETION DATE

◀ CARBONLESS PAPER — NO CARBON REQUIRED ▶

DISTRIBUTION: White — Shop Assigned • Canary — Physical Facilities Office • Pink — Originator