



## Physical Plant Work Order

Requestor:

Department:

Phone Number:

Date Submitted:

Requested Work Description:

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☐ Check if additional information is attached.

Supervisor's Signature:

Date:

Once signed, email the form to [pager@clovis.edu](mailto:pager@clovis.edu) or deliver to IT room 118 and place in Work Orders box.

### FOR OFFICIAL USE ONLY

Vice President of IT & Operations (Norman Kia)

☐ Approved

☐ Disapproved

Signature:

Date:

Route to Physical Plant Director (Paul Aragon)

☐ Custodial

☐ Building Repairs

☐ Grounds

☐ Maintenance

Date Work Completed:

Signature:

Return this form to IT room 118 when work has been completed.