

NESHOBA COUNTY SCHOOL DISTRICT

MAINTENANCE WORK ORDER

Date Requested: _____ Requested By: _____

Date Needed for Completion: _____

Location (School, building, room, area): _____

Description of Need:

Background information:

Signature of School Administrator: _____

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For Maintenance Department Use Only

Date Received: _____ Work Order Number: _____

Maintenance Personnel Assigned: _____ Date Completed: _____

Work Completed by: _____ (initial here) Time to complete task: _____

Maintenance Supervisor Signature: _____