RECEIVED00/00/21 txxx

Next steps Complete pecial project request form and ubmit all appropriate paperworkisted below as well as Principal/Site signature of approval to Facilities Support Service

District Use Only

Review of Poject (Sign & Date)

Carpentry Supervisor:

DATE:

District Use Only

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

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

HVAC Supervisor	DATE:	
COMMENTS		
	_ /	
	Z s/ t Z[^ ^/'E o	

Labor/GardeneSupervisor:

10/09/15 Rev C

District Use Only

Review of Project (Sign & Date) Continuation):

SEIU Steward:	DATE:	
COMMENTS		
	Z s/ t Z[^ ^/'E o	

Director (Final Review & Approval)		DATE:
	COMMENTS	
	MANAGEMENTSIGNATURE	

SPECIAL INSTRUCTIONS

Work Order Mural(s):

Reviewer(s)Comments and Question \$ExampleEL-Utility check completed)

Pleasesubmit aWork Order(application of antigraffiti clear coating) after work is completed and Paint Shop will come apply antigraffiti clear coating.

Pleasemake sure to check with Paint Shop to know what-gratifiti coating to purchase.

PLEASE REFER TO ADDITIONAL INFORMATION BELOW

SPECIAL INSTRUCTI (00)6 tinuation)

Work Order