



Salmon River C.S.D. Work Order Request

Please complete and submit to Front Office
Office of Buildings and Grounds, Room 413
Tel 518-358-6690

A. Requesters Information

(Please print clearly)

Name: _____ Phone: _____
Title: _____ Email: _____
Department: _____ Fax: _____

B. Description of Service

Key Request Maintenance Special Service Telephone Service/Request Grounds

Location of work (building, rooms, grounds or campus areas):

Service Requested:

C. Key Request

Building exterior keys will be issued only upon special request.

Key Requested for: _____ Key No. _____ Room _____
(if known)

Employee Status: Full Time Employee Substitute Coach Part-time

Reason for Request: New Employee New Space assignment Replace Lost Key
 Replace Defective Key Lock Change Other _____

Key Requester's Signature: _____ Date Received: _____

Note: Unauthorized reproduction of any school key is illegal and subject to criminal prosecution.

D. Approvals

Employee Signature: _____ Date _____

Administrator: _____ Date _____

Supt. of Buildings and Grounds: _____ Date _____

Work Done By: _____ Date Completed _____