

**ALBERT EINSTEIN COLLEGE OF MEDICINE
DEPARTMENT OF SUPPORTING SERVICES WORK ORDER**

Date: _____

Requested by: _____

Department: _____

Division: _____

Funding: _____

Contact Name: _____

Authorized by Name: _____

Title: _____

Signature: _____

Contact Extention: _____

For Supporting Services Use Only

Date Received: _____ Work Order Number: _____ Date Completed: _____

CUSTODIAL DEPARTMENT REQUEST

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Shampoo(1) | <input type="checkbox"/> Post Construction Renovation |
| <input type="checkbox"/> Vacuum | <input type="checkbox"/> Equipment Discard |
| <input type="checkbox"/> Sweep | <input type="checkbox"/> Set Up for Event |
| <input type="checkbox"/> Mop | |
| <input type="checkbox"/> Dust | Check all that apply |
| <input type="checkbox"/> Other (*) | |

Date Needed: _____

Building: _____ Room #: _____

(*) Specify below

(2) Move From: Building: _____ Room: _____

To: Building: _____ Room: _____

(1) Most carpets are shampooed on Friday. Please allow two weeks for work to be performed

(2) Average time to complete moves is three to five working days

Additional Information:

Send Completed Form to: Ullmann building Room B3 or Fax to Extension 8905

Revised 01/24/2006