APPENDIX A

OAKLAND UNIVERSITY
Facilities Management
Work Control Center

WORK REQUEST

W.O. # _____

Project # _____

Requestor: Date _____

Name _____ Dept. _____ Room/Bldg. _____ Phone _____

Location of Work:

Department/Organization _____ Contact Person _____

Building _____ Room No. _____ Account/Org. No. _____

Approved by: _____ Completion Requested by _____
Department Head or Authorized Representative — Date

Check if Estimate Only _____

Description of Work Requested _____

FOR WORK CONTROL CENTER USE ONLY

Priority Authorized by _____

O.U. Trades _____ Contractor _____

Pre-Planning Meeting Recommended Yes _____ No _____

Design/Specs/Drawings Required Yes _____ No _____

Forwarded to CP&D on _____
Date

Capital Planning & Design Review

Approved by: _____ _____
Date

Engineering Review

Approved by: _____ _____
Date

WHITE: WORK CONTROL CENTER YELLOW: SERVICING DEPARTMENT PINK: CUSTOMER ACKNOWLEDGEMENT GOLDENROD: ORIGINATING DEPARTMENT