

S.U.N.Y. OLD WESTBURY--WORK ORDER

Date	Building Location Room No., Etc.	M.O.C. No. & Date Received
Work Requested by:		
Phone Extension:		
Dept. Head Signature		

Describe fully item to be repaired and its condition--Attach sketch if necessary:	Indicate Mechanic or Maint. Worker needed
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FOR MAINTENANCE OPERATION CENTER ONLY

Approval			Date	Est. time for job
Disapproval				
Reason for disapproval:				

MECHANIC'S REPORT

Name of Mechanics & Maintenance Workers, Titles & Time Spent by each on the job			
NAME	TITLE	TIME SPENT	DATE COMPLETED
			TOTAL TIME SPENT

COMMENTS: WORK SMARTER-NOT HARDER-ITS EASIER

ABOVE REPAIRS COMPLETED SATISFACTORILY

DATE: _____ SIGNED: _____

SIGNATURE OF MECHANIC