

**MISSISSIPPI COUNTY, ARKANSAS, E.O.C.
EARLY CHILDHOOD EDUCATION DEPARTMENT**

WORK ORDER

1. Completed by Person Making Request. Please fax to Bus Shop (Attn: Transportation/Facility Coordinator) and retain original.

Name: _____ Date of Request: _____

Center: _____ Is Request for Building or Playground: (B / P)
circle one

Description of Repair:

Were additional repairs completed while on-site: no or yes (If yes, please explain below)

Description of Repair:

Job Status (circle one): Complete or Incomplete

Date Completed: _____ Requester's Initials _____ Maintenance Initials: _____

2. Completed by Facilities (Transportation) Coordinator:

Is Purchase Order required? Yes ___ No ___ P.O. Number: _____

Vendor: _____ Does this require professional service: Yes ___ No ___

3. Work Order Tracking:

Supervisor's Initials: _____

Date Received: _____

Assigned to: _____

Job Status (circle one): Complete or Incomplete

Date Completed _____ Maintenance Supervisor's Initials: _____

Facilities (Transportation) Coordinator Date (/ /) and Initial _____

If the job remains **incomplete** at the end of day, please complete a new form (**Section 3**)
with this form attached and return to Maintenance Team

See back side

To be completed by Maintenance Crew:

Based on your observation are additional repairs/maintenance needed at this site?

No or yes (If yes, please explain below)

Description of Repair:

Maintenance Crew Initials: _____